

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1130 OF 4510

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HOUSE FREEDOM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONNER, RAYMOND, , ,

Mailing Address 312 34TH ST APT 101

City
VIRGINIA BEACH

State
VA

Zip Code
23451-2956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : A726A85DDA4C74E05865

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/PERRY/TRANS20191105

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JANAIRO, ANTONIO, R., MR.,

Mailing Address 644 VENUE DR

City
DOVER

State
DE

Zip Code
19901-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2019

Transaction ID : A72715B74C8234D29905

Amount of Each Receipt this Period

5.00

☐ Memo Item

NOTE:EM/HERRELL/TRANS20191009

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEAPHY, MICHAEL, R., MR.,

Mailing Address 540 WAKASHAN TRL

City
LIMA

State
OH

Zip Code
45805-4125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WEST OHIO DERMATOLOGY

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 10 / 2019

Transaction ID : A728819173B2F4777BF1

Amount of Each Receipt this Period

2000.00

☐ Memo Item

NOTE:EM/PERRY/TRANS20191017

SUBTOTAL of Receipts This Page (optional)..... ►

2030.00

TOTAL This Period (last page this line number only)..... ►