

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

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

FOR LINE NUMBER: PAGE 1824 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. KRONBERG, KARL, , ,

Mailing Address 838 ARNOLD RD

City
LOWELLState
OHZip Code
45744-7195FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2019

Transaction ID : AC34975AF20294CE392E

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/BISHOP/TRANS20191017

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

B. EMS, ROD, , ,

Mailing Address 865 E 7TH AVE

City

DURANGO

State

CO

Zip Code

81301-5523

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2019

Transaction ID : AC34FDBB95B084A17B20

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/IVES/TRANS20191030

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

C. DOUGHERTY, THOMAS, , ,

Mailing Address 677 83RD ST

City

BROOKLYN

State

NY

Zip Code

11228-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2019

Transaction ID : AC3582CA252464D7FBB7

Amount of Each Receipt this Period

5.00

☐ Memo Item

NOTE:EM/IVES/TRANS20191009

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

105.00

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