

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1825 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. WILSON, WANDA, , ,

Mailing Address 3418 LAKESHORE DR

City

TALLAHASSEE

State

FL

Zip Code

32312-1485

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 ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2019

Transaction ID : AC35CCC190AC047F5995

Amount of Each Receipt this Period

15.00

☐ Memo Item

NOTE:EM/HERRELL/TRANS20191030

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

B. BROSMAN, CAROLYN, , ,

Mailing Address 1908 ARIZONA AVE # A

City

STURGIS

State

SD

Zip Code

57785-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2019

Transaction ID : AC3603A18876A499E98C

Amount of Each Receipt this Period

15.00

☐ Memo Item

NOTE:EM/ROY/TRANS20191023

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

C. BALSON, WILLIAM, , ,

Mailing Address 11 ASHDOWN PL

City

HALF MOON BAY

State

CA

Zip Code

94019-2275

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2019

Transaction ID : AC36EA79F420449DE95B

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/ROSENDALE/TRANS20191023

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

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

80.00