

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

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

FOR LINE NUMBER: PAGE 2054 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. BAPTISTA, PAULA, , ,

Mailing Address 12 THEODORE ST

City
FALL RIVERState
MAZip Code
02720-6722FEC 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 ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 11 / 2019

Transaction ID : ADDC8D5847DFB492E804

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EM/HERRELL/TRANS20191017

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

B. NAGLE, RICHARD, J., MR.,

Mailing Address 949 PALMER RD APT 6E
APT 6ECity
BRONXVILLEState
NYZip Code
10708-3504FEC 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 ▼

180.00

Date of Receipt

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

Transaction ID : ADDC9E7DF26324968A4E

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/PERRY/TRANS20191017

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

C. BALSON, WILLIAM, , ,

Mailing Address 11 ASHDOWN PL

City
HALF MOON BAYState
CAZip Code
94019-2275FEC 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 ▼

400.00

Date of Receipt

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

Transaction ID : ADDD544CA10104388B3E

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/HERRELL/TRANS20191023

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

85.00

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