

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 449 OF 1992  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. LOWNES, KEN, , ,**

Mailing Address PO BOX 220

City  
HONEY BROOKState  
PAZip Code  
19344-0220FEC 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 ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2019

**Transaction ID : A64607FFC6DF344C39FD**

Amount of Each Receipt this Period

20.00

☐ Memo Item

NOTE:EM/RIGGLEMAN/TRANS20190213

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

**B. NICKERSON, FREDERICK, H., MR., JR.**

Mailing Address 138 MARINA AVE

City  
KEY LARGOState  
FLZip Code  
33037-4311FEC 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 ▼

60.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2019

**Transaction ID : A648380F2D8454067802**

Amount of Each Receipt this Period

12.00

☐ Memo Item

NOTE:EM/ROY/TRANS20190213

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

**C. DIEDRICH, WILLIAM, , ,**

Mailing Address 320 LANTERN LN

City  
PLAIN CITYState  
OHZip Code  
43064-2128FEC 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 ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2019

**Transaction ID : A6491832DA1FE40FDB31**

Amount of Each Receipt this Period

160.00

☐ Memo Item

NOTE:EM/PERRY/TRANS20190220

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

192.00

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