

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1162 OF 2840

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOUSE FREEDOM FUND

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

A. CHOATE, ARTHUR, B., MR.,

Mailing Address 1390 S DIXIE HWY STE 2221

City
CORAL GABLESState
FLZip Code
33146-2946FEC 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 ▼

7400.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	09	2018

Transaction ID : A7CFEB78A5E6D42BD923

Amount of Each Receipt this Period

2500.00

☐ Memo Item

NOTE:EM/STEUBE/TRANS20180814

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

B. REVELLE, THOMAS, , ,

Mailing Address 2939 AINA LANI DR

City
MAKAWAOState
HIZip Code
96768-8461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PROFESSIONAL BUSINESS SERVICES, INC.Occupation (for Individual)
ACCOUNTANT/CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	09	2018

Transaction ID : A7D0D3920B7CE4DC7926

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/JORDAN/TRANS20180814

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

C. STICH, BARBARA, , ,

Mailing Address 124 LA MESA DR

City
ST AUGUSTINEState
FLZip Code
32095-6848FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	30	2018

Transaction ID : A7D27268DD6A545EA927

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/BUDD/TRANS20180905

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

2550.00

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