

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**CLOUD FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**Jones, Morgan, , ,**  
Mailing Address 115 Willowbrook Dr

City Athens	State TX	Zip Code 75751-3539
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FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pawn SuperstoreOccupation  
President
 Receipt For: 2020  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : AF866D07F7E97444688B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)  
**Rastin, Tom, , ,**  
Mailing Address 1240 Gambrier Rd

City Mount Vernon	State OH	Zip Code 43050-3842
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FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ariel CorpOccupation  
Executive VP
 Receipt For: 2020  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : AF9DC5A96C7C14C83988

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Earmarked (Non-Directed) through HOUSE FREEDOM FUND

C. Full Name (Last, First, Middle Initial)  
**HOUSE FREEDOM FUND**  
Mailing Address PO BOX 1948

City ALEXANDRIA	State VA	Zip Code 22313
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FEC ID number of contributing  
federal political committee.

C C00552851

Name of Employer

Occupation

 Receipt For: 2020  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 9241.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : A79C0F5798A5C47079BA

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Intermediary

Total Earmarked through conduit. PAC limit not affected.

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

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

2000.00
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