

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 496 OF 2090

(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. THOMAS, ALLAN, , ,

Mailing Address 8023 PETRA DR

City
HOUSTONState
TXZip Code
77083-5023FEC 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 ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : A536FE4BADA004C659DF

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EM/GREENE/TRANS20200205

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

B. ACKERMAN, WILLIAM, E., MR.,

Mailing Address 435 E OVERLOOK DR

City
EASTLAKEState
OHZip Code
44095-1211FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : A537DEDDBC50140A9AC3

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/ TIFFANY/TRANS20200205

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

C. WU, DONNA, , ,

Mailing Address 583 DUVAL CT

City
SUNNYVALEState
CAZip Code
94087-4400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAISEROccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : A538914CB02D344F4A12

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EM/GREENE/TRANS20200115

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

70.00

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