

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1014 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. REYNOLDS, JOHN, , ,

Mailing Address 130 FOX DR

City  
PIQUAState  
OHZip Code  
45356-9269FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DENIZEN, INC.Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID : ACFEFA0E22FF84BCA921

Amount of Each Receipt this Period

100.00

☐ Memo Item

NOTE:EM/HERRELL/TRANS20200115

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

B. SCOTT, DAVID, , ,

Mailing Address PO BOX 43

City

WINNSBORO

State

TX

Zip Code

75494-0043

FEC 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 ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2020

Transaction ID : AD000B3F96C7341F69E9

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/GREENE/TRANS20200205

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

C. KEITH, AUBREY, , ,

Mailing Address 241 WINGED FOOT DR

City

HIDEAWAY

State

TX

Zip Code

75771-5053

FEC 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 ▼

50.00

Date of Receipt

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

Transaction ID : AD027CCB4A4C147E18B9

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EM/MILLER/TRANS20200205

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

135.00

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