

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 1319 OF 5396  
(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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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. HOXSEY, ANDREW, , ,**

Mailing Address 7830 ST HELENA HWY # 40

City  
OAKVILLEState  
CAZip Code  
94562-9200FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2019

**Transaction ID : A7079309816B24481A88**

Amount of Each Receipt this Period

100.00

☐ Memo Item

NOTE:EM/FULCHER/TRANS20190829

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

**B. MYERS, CHELI, D., MS.,**

Mailing Address 3530 PINEHURST CIR

City  
DALLASState  
TXZip Code  
75234-3834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOT WORKINGOccupation (for Individual)  
NOT WORKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2019

**Transaction ID : A707D4B49168B4CCE88C**

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EM/MEADOWS/TRANS20190822

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

**C. LYNN, JACKIE, D., ,**

Mailing Address 3238 28TH ST NE

City  
HICKORYState  
NCZip Code  
28601-9201FEC 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 ▼

140.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2019

**Transaction ID : A70A6CCA8649A4719A73**

Amount of Each Receipt this Period

20.00

☐ Memo Item

NOTE:EM/PERRY/TRANS20190815

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

130.00

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