

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

FOR LINE NUMBER: PAGE 89 OF 208

(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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NAME OF COMMITTEE (In Full)

**FREEDOM'S DEFENSE FUND**

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

**A. HURLEY, JOHN, L, MR, SR**

Mailing Address 2195 IBIS ISLE RD APT 8

City  
PALM BEACHState  
FLZip Code  
33480-5365FEC 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 ▼

350.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 11    | 06    | 2018        |

Transaction ID : A7D9D568C3ECD484EA79

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. HURST, FRED, J, MR,**Mailing Address 200 BUS TERMINAL RD  
# 111City  
OAK RIDGEState  
TNZip Code  
37830-6928FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 10    | 30    | 2018        |

Transaction ID : AE9FE0D220F564E53909

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. IRELAN, CARL, , MR,**

Mailing Address 253-2 N STATE ROAD 2

City  
VALPARAISOState  
INZip Code  
46383-8448FEC 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 ▼

210.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 10    | 19    | 2018        |

Transaction ID : A6E222384A9FB4405858

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

240.00

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