

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 4000 OF 10806

(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. MANDEL, HARRY, I., MR.,

Mailing Address 2673 PYES HARBOUR

City
WEST PALM BEACH

State
FL

Zip Code
33411-5525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : AD01F0DDF664B46A3919

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/BLUM/TRANS20180930

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

B. SNARE, ROBERT, W., MR.,

Mailing Address PO BOX 827

City
CHIPLEY

State
FL

Zip Code
32428-0827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : AD0212F90DB134DDDA20

Amount of Each Receipt this Period

100.00

☐ Memo Item

NOTE:EM/BRAT/TRANS20180930

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

C. SEKLEMIAN, HAIG, VERNON, MR.,

Mailing Address 2333 VIA ACALONES

City
PALOS VERDES ESTATES

State
CA

Zip Code
90274-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2018

Transaction ID : AD029D5DADEF24F56BC2

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/NORMAN/TRANS20180930

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

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

150.00