

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) HOUSE FREEDOM FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00552851 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item RIGHT COUNTRY LISTS			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2018		
Mailing Address 117 N SAINT ASAPH ST			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 1237.50 </div>		
City ALEXANDRIA	State VA	Zip Code 22314-3109			
Purpose of Expenditure IE-LESKO-EMAIL MARKETING		Category/Type 	Transaction ID : EAE50B7A0453A4CB8A76 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2018		
Name of Federal Candidate: LESKO, DEBBIE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>08</u> State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought 20260.31			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item ALLIANCE STRATEGIES GROUP, INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2018		
Mailing Address 7700 CONGRESS AVE STE 3115			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 6180.00 </div>		
City BOCA RATON	State FL	Zip Code 33487-1357			
Purpose of Expenditure IE-HERRELL-EMAIL MARKETING		Category/Type 	Transaction ID : E852A2E4E32B140EBAA0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2018		
Name of Federal Candidate: HERRELL, STELLA, YVETTE, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>02</u> State: <u>NM</u>		
Calendar Year-To-Date Per Election for Office Sought 70065.60			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 7417.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 00.00 </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 7417.50 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BROWN, MEGAN, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
12 / 18 / 2018

Signature