

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

NAME OF COMMITTEE (In Full) HOUSE FREEDOM FUND	FEC IDENTIFICATION NUMBER ▼ C C00552851
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item HOUSE FREEDOM FUND	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 1948	Amount <input type="text"/> 1.50 Transaction ID : E0E080C2B8E09461C9E2 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA State VA Zip Code 22313	
Purpose of Expenditure IE-AMASH-DONATION PROCESSING Category/Type <input type="text"/>	
Name of Federal Candidate: AMASH, JUSTIN, , , <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: 03 State: MI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5.50	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 HOUSE FREEDOM FUND	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 1948	Amount <input type="text"/> 659.80 Transaction ID : EE0A29A0B9A5A4F1196D Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA State VA Zip Code 22313	
Purpose of Expenditure IE-ROY-DONATION PROCESSING Category/Type <input type="text"/>	
Name of Federal Candidate: ROY, CHIP, , , <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: 21 State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 105835.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 661.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

/ /

Signature