

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

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

FOR LINE NUMBER: PAGE 56 OF 521

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FREEDOM DEFENSE FUND

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

A. BROUSSARD, N, , MR,

Mailing Address PO BOX 1740

City  
ABBEVILLE

State  
LA

Zip Code  
70511-1740

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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

Transaction ID : AC259B4ED612E4E20B48

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BROWN, BETSY, , MISS,

Mailing Address PO BOX 1503

City  
MARFA

State  
TX

Zip Code  
79843-1503

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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2017

Transaction ID : A3BD0593938F04309B21

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. BROWN, KATHRYN, M, MRS,

Mailing Address PO BOX 815 701 GARLAND ST

City  
LAKE CITY

State  
SC

Zip Code  
29560-0815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BROWN ANIMAL HOSPITAL

Occupation (for Individual)  
BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2017

Transaction ID : AFA949F73799A46729E5

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

730.00

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