

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
NH FREEDOM FUND, INC.

ADDRESS (number and street) **PO BOX 341027**
 Check if different than previously reported. (ACC) **AUSTIN TX 78734**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00740274 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2020 through / / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **HOBBS, CABELL, , ,**

Signature of Treasurer **HOBBS, CABELL, , ,** [Electronically Filed] Date / / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

NH FREEDOM FUND, INC.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="77500.00"/>	<input type="text" value="77500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="77500.00"/>	<input type="text" value="77500.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="71171.94"/>	<input type="text" value="71171.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6328.06"/>	<input type="text" value="6328.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

NH FREEDOM FUND, INC.

Report Covering the Period: From: 07 / 01 / 2020 To: 09 / 30 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	77500.00	77500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	77500.00	77500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	77500.00	77500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	77500.00	77500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	77500.00	77500.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	14755.94	14755.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14755.94	14755.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	56416.00	56416.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71171.94	71171.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71171.94	71171.94

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	77500.00	77500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77500.00	77500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14755.94	14755.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14755.94	14755.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 9
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NH FREEDOM FUND, INC.

A. NOVEL IRON WORKS INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 OCEAN RD

City GREENLAND	State NH	Zip Code 03840
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2020

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. RIGHT DIRECTION AMERICA INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 S WASHINGTON ST

City ALEXANDRIA	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
75000.00

Memo Item
CONTRIBUTION

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77500.00
TOTAL This Period (last page this line number only).....	77500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NH FREEDOM FUND, INC.

Full Name (Last, First, Middle Initial) A. DICKINSON WRIGHT PLLC		Date of Disbursement MM / DD / YYYY 09 / 08 / 2020
Mailing Address 2600 W BIG BEAVER SUITE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4120 Amount of Each Disbursement this Period 3705.94
City TROY	State MI	Zip Code 48084
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. IMG E LLC		Date of Disbursement MM / DD / YYYY 09 / 08 / 2020
Mailing Address 108 S WASHINGTON ST 2ND FLOOR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4118 Amount of Each Disbursement this Period 10150.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RIGHTSIDE COMPLIANCE		Date of Disbursement MM / DD / YYYY 09 / 15 / 2020
Mailing Address PO BOX 341027		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4122 Amount of Each Disbursement this Period 750.00
City AUSTIN	State TX	Zip Code 78734
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	14605.94
TOTAL This Period (last page this line number only).....▶	14605.94

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
NH FREEDOM FUND, INC.
FEC IDENTIFICATION NUMBER
C C00740274

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
RED MAVERICK MEDIA
Mailing Address
1426 N 3RD ST
SUITE 310
City
HARRISBURG
State
PA
Zip Code
17102
Purpose of Expenditure
PRINTING/POSTAGE
Category/Type
Date of Public Distribution/Dissemination
09 / 02 / 2020
Amount
28208.00
Transaction ID : SE.4104
Date of Disbursement or Obligation
09 / 02 / 2020

Name of Federal Candidate:
MOWERS, MATT, ,
Support
Office Sought: House
District: 01
State: NH
Disbursement For: Primary
2020

Full Name of Payee
RED MAVERICK MEDIA
Mailing Address
1426 N 3RD ST
SUITE 310
City
HARRISBURG
State
PA
Zip Code
17102
Purpose of Expenditure
PRINTING/POSTAGE
Category/Type
Date of Public Distribution/Dissemination
09 / 03 / 2020
Amount
14104.00
Transaction ID : SE.4110
Date of Disbursement or Obligation
09 / 02 / 2020

Name of Federal Candidate:
MOWERS, MATT, ,
Support
Office Sought: House
District: 01
State: NH
Disbursement For: Primary
2020

(a) SUBTOTAL of Itemized Independent Expenditures 42312.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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.

HOBBS, CABELL, ,
[Electronically Filed]
Date 10 / 12 / 2020
Signature

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

NAME OF COMMITTEE (In Full) NH FREEDOM FUND, INC.	FEC IDENTIFICATION NUMBER ▼ C C00740274
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee RED MAVERICK MEDIA <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1426 N 3RD ST SUITE 310	Amount <input type="text"/> 14104.00 Transaction ID : SE.4111 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
City HARRISBURG		State PA	Zip Code 17102
Purpose of Expenditure PRINTING/POSTAGE		Category/ Type <input type="text"/>	
Name of Federal Candidate: PAPPAS, CHRIS, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/> 56416.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address	Amount <input type="text"/>		
City		State	Zip Code
Purpose of Expenditure		Category/ Type <input type="text"/>	
Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 14104.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 56416.00

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.

HOBBS, CABELL, , , [Electronically Filed] Date / /

Signature