

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

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

FOR LINE NUMBER: PAGE 485 OF 1566

(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. CARLSON, DAVID, , ,

Mailing Address 31721 STOLTZ HILL RD

City
LEBANONState
ORZip Code
97355-9218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2020

Transaction ID : AEBC3B7F4782E4642929

Amount of Each Receipt this Period

5.00

☐ Memo Item

NOTE:EM/ TIFFANY20200506

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

B. CARLSON, DAVID, , ,

Mailing Address 31721 STOLTZ HILL RD

City
LEBANONState
ORZip Code
97355-9218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2020

Transaction ID : ACDE91CB32DD843C5931

Amount of Each Receipt this Period

5.00

☐ Memo Item

NOTE:EM/MILLER/TRANS20200506

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

C. BECK, RONALD, E., MR.,

Mailing Address 1115 STARLING WAY

City
ROCKLEDGEState
FLZip Code
32955-6349FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2020

Transaction ID : AAAA8522B5A2C433FA92

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

30.00

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