

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) House Freedom Fund			FEC IDENTIFICATION NUMBER ▼ C C00552851		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee House Freedom Fund			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2021		
Mailing Address 300 Independence Avenue SE			Amount 708.93		
City Washington		State DC	Zip Code 20003-1021		Transaction ID : EBEC5669A39084358934 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2021
Purpose of Expenditure IE-Perry-Donation Processing		Category/ Type			
Name of Federal Candidate Perry, Scott, ,			Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Allegiance Direct Llc			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 04 / 2021		
Mailing Address 15 N King St Ste 205			Amount 22230.61		
City Leesburg		State VA	Zip Code 20176-2830		Transaction ID : E91A98551F08346E482D Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure IE-Perry-Direct Mail Production		Category/ Type			
Name of Federal Candidate Perry, Scott, ,			Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22939.54		
(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.					
Signature Brown, Megan, ,			Date M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2021		
			[Electronically Filed]		

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NAME OF COMMITTEE (In Full) House Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00552851
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee House Freedom Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2021
Mailing Address 300 Independence Avenue SE		Amount 583.95
City Washington	State DC	Zip Code 20003-1021
Purpose of Expenditure IE-Perry-Donation Processing	Category/Type	Transaction ID : EC3B1FD35844C41C8B73 Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2021
Name of Federal Candidate Perry, Scott, ,		Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 128390.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	583.95
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	23523.49

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

MM / DD / YYYY
05 / 05 / 2021

Signature