

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

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

FOR LINE NUMBER: PAGE 116 OF 525

(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. MINSHALL, DAVID, , ,

Mailing Address 2431 FLAT RIVER CHURCH RD

City  
ROXBOROState  
NCZip Code  
27574-6963FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2019

Transaction ID : A25B17A3CABCD4831909

Amount of Each Receipt this Period

8.00

☐ Memo Item

NOTE:EM/BUDD/TRANS20190508

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

B. KRONBERG, KARL, , ,

Mailing Address 838 ARNOLD RD

City  
LOWELLState  
OHZip Code  
45744-7195FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

Transaction ID : A25B4A706CE1E4A209FD

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/KELLER/TRANS20190508

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

C. D'AMATO, STEPHEN, , , MD

Mailing Address 567 AVELLINO ISLES CIR APT 28102

City  
NAPLESState  
FLZip Code  
34119-2414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

185.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

Transaction ID : A2697C0B2A64F47D2BE9

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EM/KELLER/TRANS20190508

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

68.00

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