

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

NAME OF COMMITTEE (In Full) HOUSE FREEDOM FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00552851 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item HOUSE FREEDOM FUND			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 27 / 2017		
Mailing Address PO BOX 1948			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">70.75</div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure IE-ROY-DONATION PROCESSING		Category/Type 	Transaction ID : EBD4B7978CDFA4617809 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 27 / 2017		
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>21</u> State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">375.80</div>			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 HOUSE FREEDOM FUND			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 31 / 2017		
Mailing Address PO BOX 1948			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">395.00</div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure IE-BRAT-DONATION PROCESSING		Category/Type 	Transaction ID : E82F6E8E1DD034638AB8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 31 / 2017		
Name of Federal Candidate: BRAT, DAVID, ALAN, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>07</u> State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">395.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">465.75</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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 M M / D D / Y Y Y Y Y Y 01 / 31 / 2018

Signature