

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. CHRISTIAN, WILLIAM, , ,**

Mailing Address 3080 DARBY RD

City  
KESWICKState  
VAZip Code  
22947-2720FEC 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 ▼

75.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2020

**Transaction ID : A015C201FC7114942A96**

Amount of Each Receipt this Period

15.00

☐ Memo Item

NOTE:EM/GREENE/TRANS20200305

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

**B. MITSCH, MARILYN, , ,**

Mailing Address 4 CHARLEY LAKE CT

City  
NORTH OAKSState  
MNZip Code  
55127-6219FEC 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 ▼

325.00

Date of Receipt

M M	D D	Y Y Y Y
02	19	2020

**Transaction ID : A016B93396D554E5AAA8**

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/TIFFANY/TRANS20200226

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

**C. RIENSTRA, W., H., ,**

Mailing Address 106 ANGELA CT

City  
STEPHENVILLEState  
TXZip Code  
76401-6187FEC 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 ▼

125.00

Date of Receipt

M M	D D	Y Y Y Y
02	03	2020

**Transaction ID : A016E15A2AF524649A20**

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/MILLER/TRANS20200212

**SUBTOTAL** of Receipts This Page (optional)..... ►

65.00

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