

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

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

FOR LINE NUMBER: PAGE 205 OF 4946

(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. MAGLAYA, DOMINADOR, , MR.,

Mailing Address 3863 LA FONTAINE LN

City  
GLENVIEWState  
ILZip Code  
60025-1263FEC 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 ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2020

Transaction ID : A0562C3D333548F7B2F

Amount of Each Receipt this Period

50.00

☐ Memo Item

NOTE:EM/MILLER/TRANS20200212

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

B. KENNEDY, ETHLYN, , ,

Mailing Address 35230 DOWNING AVE

City  
NORTH RIDGEVILLEState  
OHZip Code  
44039-1405FEC 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  
02 / 11 / 2020

Transaction ID : A0564D6DABF9347F5843

Amount of Each Receipt this Period

5.00

☐ Memo Item

NOTE:EM/GREENE/TRANS20200219

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

C. WARNER, RUTH, F., MS.,

Mailing Address 1103 ROBIN RD  
SAINCity  
SAINT MARYSState  
OHZip Code  
45885-1329FEC 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2020

Transaction ID : A05724F91873047E1ABC

Amount of Each Receipt this Period

100.00

☐ Memo Item

NOTE:EM/ TIFFANY/TRANS20200305

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

155.00

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