

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 333 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. ROBERTS, COURTNEY, W., MR.,

Mailing Address 5433 GUILDBROOK RD

City  
CHARLOTTEState  
NCZip Code  
28226-5809FEC 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 ▼

250.00

Date of Receipt

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

Transaction ID : A136EFCDD5F042412EB8C

Amount of Each Receipt this Period

25.00

☐ Memo Item

NOTE:EM/GREENE/TRANS20200212

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

B. JUSTICE, MADELEINE, , ,

Mailing Address 155 BARKENTINE ST

City  
FOSTER CITYState  
CAZip Code  
94404-3107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INTLIMMUNODIAGNOSTICSOccupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2020

Transaction ID : A137367523497430B9A4

Amount of Each Receipt this Period

10.00

☐ Memo Item

NOTE:EM/IVES/TRANS20200226

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

C. SCHREINER, THOMAS, , ,

Mailing Address PO BOX 333

City  
AUDUBONState  
MNZip Code  
56511-0333FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2020

Transaction ID : A1377B70EBC1A4D71A74

Amount of Each Receipt this Period

6.00

☐ Memo Item

NOTE:EM/DONNELLY/TRANS20200226

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

41.00

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