

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

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

FOR LINE NUMBER: PAGE 26 OF 163

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**FREEDOM'S DEFENSE FUND**

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

**A. CHIOFOLO, SYLVIA, , MRS,**

Mailing Address 323 CALVIN DR

City  
SALISBURY

State  
MD

Zip Code  
21804-8626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2018

**Transaction ID : A53E734749B1640A2B9E**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. CHIOFOLO, SYLVIA, , MRS,**

Mailing Address 323 CALVIN DR

City  
SALISBURY

State  
MD

Zip Code  
21804-8626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

**Transaction ID : A992CC94E89844B44B83**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. CHOATE, ARTHUR, B, MR,**

Mailing Address 1390 S DIXIE HWY

City  
CORAL GABLES

State  
FL

Zip Code  
33146-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

**Transaction ID : A6C423BB6DE404DFBB28**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

245.00