

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 384 OF 7029
(check only one)

<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. FAWELL, CATHY, , ,

Mailing Address 26783 MILES RIVER RD

City
EASTONState
MDZip Code
21601-5013FEC 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 M	/	D D D	/	Y Y Y Y Y Y
10		15		2018

Transaction ID : A258C7A5D5BB64B458C3

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. BERRY, GLENN, , ,Mailing Address 7969 NW 2ND ST APT 316
APT 316City
MIAMIState
FLZip Code
33126-8018FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CI HEALTH SERVICE AUTHORITYOccupation (for Individual)
BUSINESS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2018

Transaction ID : A5878798406C24092BB0

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. RUAN, JOHN, , MR., III

Mailing Address 465 FOSTER DR

City
DES MOINESState
IAZip Code
50312-2513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RUAN, INC.Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2018

Transaction ID : AB15C733EC891402A984

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1300.00

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