

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Liberty Project

ADDRESS (number and street)

7315 Wisconsin Avenue

Suite 310 East

☐Check if different
than previously
reported. (ACC)

Bethesda

MD

20814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00446625

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gail E. Gardner

Signature of Treasurer

Electronically Filed by Gail E. Gardner

Date

06

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Liberty Project

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		<table><tr><td>5</td><td>2</td><td>2</td><td>5</td><td>.</td><td>8</td><td>1</td></tr></table>	5	2	2	5	.	8	1
Y	Y	Y	Y														
2	0	1	0														
5	2	2	5	.	8	1											
(b) Cash on Hand at Beginning of Reporting Period	<table><tr><td>9</td><td>8</td><td>8</td><td>3</td><td>.</td><td>4</td><td>4</td></tr></table>	9	8	8	3	.	4	4									
9	8	8	3	.	4	4											
(c) Total Receipts (from Line 19)	<table><tr><td>6</td><td>5</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	6	5	0	.	0	0	<table><tr><td>8</td><td>0</td><td>5</td><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	8	0	5	0	.	0	0		
6	5	0	.	0	0												
8	0	5	0	.	0	0											
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table><tr><td>1</td><td>0</td><td>5</td><td>3</td><td>.</td><td>3</td><td>4</td></tr></table>	1	0	5	3	.	3	4	<table><tr><td>1</td><td>3</td><td>2</td><td>7</td><td>.</td><td>5</td><td>8</td></tr></table>	1	3	2	7	.	5	8	
1	0	5	3	.	3	4											
1	3	2	7	.	5	8											
7. Total Disbursements (from Line 31)	<table><tr><td>1</td><td>5</td><td>9</td><td>6</td><td>.</td><td>0</td><td>8</td></tr></table>	1	5	9	6	.	0	8	<table><tr><td>4</td><td>3</td><td>3</td><td>8</td><td>.</td><td>4</td><td>5</td></tr></table>	4	3	3	8	.	4	5	
1	5	9	6	.	0	8											
4	3	3	8	.	4	5											
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td>8</td><td>9</td><td>3</td><td>7</td><td>.</td><td>3</td><td>6</td></tr></table>	8	9	3	7	.	3	6	<table><tr><td>8</td><td>9</td><td>3</td><td>7</td><td>.</td><td>3</td><td>6</td></tr></table>	8	9	3	7	.	3	6	
8	9	3	7	.	3	6											
8	9	3	7	.	3	6											
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	.	0	0												
0	.	0	0														
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	.	0	0												
0	.	0	0														

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Liberty Project

Report Covering the Period:

From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	650.00	7400.00
(ii) Unitemized	0.00	650.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	650.00	8050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	650.00	8050.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	650.00	8050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	650.00	8050.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	596.08	3113.45	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	596.08	3113.45	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	225.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	225.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1596.08	4338.45	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1596.08	4338.45	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	650.00	8050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	650.00	7825.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	596.08	3113.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	596.08	3113.45

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 9

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Liberty Project

A.

Full Name (Last, First, Middle Initial)

Sandra Reasoner

Mailing Address PO Box 98540

City

Lubbock

State

TX

Zip Code

79499-8540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oberkampf Supply, Inc.Occupation
Owner

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	0

Transaction ID: SA11AI.4452

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

650.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
Liberty Project

A. Full Name (Last, First, Middle Initial) Bogart Associates, Inc.	Transaction ID: SB21B.4429 Date of Disbursement																				
Mailing Address 1200 Trinity Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	0												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement SEE MEMO ITEMS Candidate Name	<table border="1"> <tr> <td colspan="10">92.54</td> </tr> </table>	92.54																			
92.54																					
Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bogart Associates, Inc.	Transaction ID: SB21B.4431 Date of Disbursement																				
Mailing Address 1200 Trinity Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	0												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Printing Candidate Name	<table border="1"> <tr> <td colspan="10">77.18</td> </tr> </table>	77.18																			
77.18																					
Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bogart Associates, Inc.	Transaction ID: SB21B.4432 Date of Disbursement																				
Mailing Address 1200 Trinity Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	0												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Meal Expense Candidate Name	<table border="1"> <tr> <td colspan="10">15.36</td> </tr> </table>	15.36																			
15.36																					
Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

92.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Liberty Project

A.

Full Name (Last, First, Middle Initial)

Campaign Financial Services

Mailing Address 7315 Wisconsin Avenue
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
PAC Compliance Consulting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4433

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

592.54

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Liberty Project

A.

Full Name (Last, First, Middle Initial)

Bill Flores for Congress

Mailing Address PO Box 6207

City
Bryan

State
TX

Zip Code
77805

Purpose of Disbursement
PAC Contribution

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX

District: 17

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4448

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00