24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
American Liberty Fund		C C00623421
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Facebook		Date of Public Distribution/Dissemination
		08 / 05 / 2020
Mailing Address 1 Hacker Way		Amount
City State	Zip Code	1950.11
Menlo Park CA	94025	Transaction ID : SE.5037 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising	Category/ Type 004	08 / 05 / Y Y Y Y Y
Name of Federal Candidate	✗ Support Offi	ce Sought:
DONALDS, BYRON, , ,	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7350.11 Disl 202	bursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Facebook		08 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way		Amount
City State	Zip Code	5000.00
Menlo Park CA	94025	Transaction ID : SE.5038 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising	Category/ Type 004	08 / 05 / 2020
Name of Federal Candidate	✗ Support Offi	ice Sought: House District: 21
LOOMER, LAURA, , ,	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	5000.00 Dis 202	bursement For: X Primary General Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures		6950.11
(b) SUBTOTAL of Unitemized Independent Expenditures	······	1 4 1 4 1 4 1
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Edwards, Paula, , , [Electronic Signature]	cally Filed] Date	08 06 2020
Oignaturo		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Liberty Fund	C C00623421
	O
Check if 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee Facebook	Date of Public Distribution/Dissemination
Facebook	08 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way	Amount
City State Zip Code	2000.00
Menlo Park CA 94025	Transaction ID : SE.5039 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Category/ Type 004	08 / 05 / 2020
Name of Federal Candidate Support Office	ce Sought: 🗶 House District:13
MAKKI, AMANDA, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb. 2000.00	oursement For: Primary General Other (specify) Other
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Caloridar Tour To Bato	oursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	8950.11
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	08 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	