

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FREEDOM FOR ALL AMERICANS

ADDRESS (number and street)

824 S. MILLEDGE AVE. STE. 101

Check if different than previously reported. (ACC)

ATHENS

GA

30605

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00575449

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE**-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day **POST**-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period

/ / through / /

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

KILGORE, PAUL, , ,

Type or Print Name of Treasurer

Signature of Treasurer

KILGORE, PAUL, , ,

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FREEDOM FOR ALL AMERICANS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text"/>	<input type="text" value="6492.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="117.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20812.89"/>	<input type="text" value="149389.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="20930.01"/>	<input type="text" value="155882.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20887.64"/>	<input type="text" value="155830.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42.37"/>	<input type="text" value="52.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="151034.60"/>	

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

Write or Type Committee Name

FREEDOM FOR ALL AMERICANS

Report Covering the Period: From: 10 / 01 / 2017 To: 12 / 31 / 2017

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).....	0.00	40.00
(ii) Unitemized	0.00	55.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	95.00
(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)	0.00	95.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	88691.55
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	25.14
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	20812.89	60577.77
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 Transfers (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)).....▶	20812.89	149389.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20812.89	149389.46

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	18187.64	161970.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18187.64	161970.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	2700.00	- 102693.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2700.00	- 92693.22
29. Other Disbursements (Including Non-Federal Donations).....	0.00	85302.28
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	20887.64	155830.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20887.64	155830.01

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	0.00	95.00
34. Total Contribution Refunds (from Line 28(d))	2700.00	- 92693.22
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	- 2700.00	92788.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18187.64	161970.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	25.14
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18187.64	161945.81

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<input 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 checked="" type="checkbox"/> 17

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)
FREEDOM FOR ALL AMERICANS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CONSERVATIVE CONNECTOR

Mailing Address PO BOX 952

City GRANDVILLE	State MI	Zip Code 49468-0952
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60577.77

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2017

Transaction ID : A9E82729E150943FB9D7

Amount of Each Receipt this Period
9475.46

Memo Item
LRI - USUAL AND NORMAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CONSERVATIVE CONNECTOR

Mailing Address PO BOX 952

City GRANDVILLE	State MI	Zip Code 49468-0952
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60577.77

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2017

Transaction ID : A38F94F435AC54B75BBD

Amount of Each Receipt this Period
11337.43

Memo Item
LRI - USUAL AND NORMAL

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	20812.89
TOTAL This Period (last page this line number only).....	20812.89

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FREEDOM FOR ALL AMERICANS

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number C [REDACTED] Transaction ID : B0F876CB15
City MCLEAN	State VA	Zip Code 22101-5709
Purpose of Disbursement PAC BANK FEES		Amount of Each Disbursement this Period 19.32
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES INC.		Date of Disbursement MM / DD / YYYY 11 / 17 / 2017
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number C [REDACTED] Transaction ID : BA4752D06C
City ATHENS	State GA	Zip Code 30605-1332
Purpose of Disbursement PAC COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 1871.71
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number C [REDACTED] Transaction ID : BA50BBE9A
City MCLEAN	State VA	Zip Code 22101-5709
Purpose of Disbursement PAC BANK FEES		Amount of Each Disbursement this Period 18.29
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

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

1909.32

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

[REDACTED]

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FREEDOM FOR ALL AMERICANS

Full Name (Last, First, Middle Initial) A. CAPLIN & DRYSDALE		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 17 / 2017	
Mailing Address 600 LEXINGTON AVE FL 21		FEC Identification Number C [] Transaction ID : BE0C10B5F3 Amount of Each Disbursement this Period [] 5963.21	
City NEW YORK	State NY	Zip Code 10022-7619	Category/ Type
Purpose of Disbursement PAC LEGAL FEES		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES INC.		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 17 / 2017	
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number C [] Transaction ID : B92E65EF89C Amount of Each Disbursement this Period [] 10277.97	
City ATHENS	State GA	Zip Code 30605-1332	Category/ Type
Purpose of Disbursement PAC COMPLIANCE CONSULTING		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Category/ Type
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	16241.18
TOTAL This Period (last page this line number only).....▶	18150.50

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FREEDOM FOR ALL AMERICANS

A. Full Name (Last, First, Middle Initial)
KEMPTON, OLGA, H., ,

Mailing Address 11753 CRANFORD WAY

City OAKLAND State CA Zip Code 94605-5811

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

FEC Identification Number: C

Transaction ID : BCA5EFE3C

Amount of Each Disbursement this Period: 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2700.00
TOTAL This Period (last page this line number only).....▶	2700.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 16
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FREEDOM FOR ALL AMERICANS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FORWARD STRATEGY PARTNERS			Nature of Debt (Purpose): FUNDRAISING CONSULTING
Mailing Address 6211 BURNHAM PL			
City PROSPECT	State KY	Zip Code 40059-8887	

Outstanding Balance Beginning This Period <input type="text" value="2395.00"/>	Transaction ID : DF23C7F8F57748F4AE8	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2395.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor I360			Nature of Debt (Purpose): TELEMARKETING
Mailing Address PO BOX 37046			
City BALTIMORE	State MD	Zip Code 21297-3046	

Outstanding Balance Beginning This Period <input type="text" value="15022.28"/>	Transaction ID : DB83F2A7B2A3E44D58D3	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15022.28"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAND PAUL FOR US SENATE 2016			Nature of Debt (Purpose): INTERNET DOMAIN LEASE
Mailing Address PO BOX 72928			
City NEWPORT	State KY	Zip Code 41072	

Outstanding Balance Beginning This Period <input type="text" value="10000.00"/>	Transaction ID : D41E0B07E7AF446F5B3E	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="27417.28"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 16
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FREEDOM FOR ALL AMERICANS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PRIMARY DATA SOLUTIONS			Nature of Debt (Purpose): DATA WORK
Mailing Address 6983 CONSERVATION DR			
City SPRINGFIELD	State VA	Zip Code 22153-1015	

Outstanding Balance Beginning This Period <input type="text" value="2922.46"/>	Transaction ID : D3FE236B3F2BD421988A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2922.46"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPT STRATEGIES			Nature of Debt (Purpose): CAMPAIGN STRATEGY CONSULTING
Mailing Address PO BOX 31403			
City CHARLESTON	State SC	Zip Code 29417-1403	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID : D5E075DE6BDE540FB8CE	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor I360			Nature of Debt (Purpose): TELEMARKETING
Mailing Address PO BOX 37046			
City BALTIMORE	State MD	Zip Code 21297-3046	

Outstanding Balance Beginning This Period <input type="text" value="7347.85"/>	Transaction ID : D9BC914C487874DDE91F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7347.85"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="12770.31"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 16
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FREEDOM FOR ALL AMERICANS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VICTORY ENTERPRISES			Nature of Debt (Purpose): ONLINE STORE SALES/PRINTING/COLLATERAL
Mailing Address 5200 30TH ST SW			
City DAVENPORT	State IA	Zip Code 52802-3039	

Outstanding Balance Beginning This Period <input type="text" value="18786.89"/>	Transaction ID : DAD01D54340AA4A37AF1	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18786.89"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VICTORY PHONES			Nature of Debt (Purpose): TELEMARKETING
Mailing Address 190 MONROE AVE NW STE 5			
City GRAND RAPIDS	State MI	Zip Code 49503-2628	

Outstanding Balance Beginning This Period <input type="text" value="3935.78"/>	Transaction ID : DF1AEEF60C3DE42B89EE	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3935.78"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HARTFORD TECHNOLOGY RENTAL			Nature of Debt (Purpose): OFFICE EQUIPMENT RENTAL
Mailing Address 105 PRAIRIE LAKE RD STE D			
City EAST DUNDEE	State IL	Zip Code 60118-9133	

Outstanding Balance Beginning This Period <input type="text" value="3962.45"/>	Transaction ID : D187719C8CEDA4477A21	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3962.45"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="26685.12"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 16
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
FREEDOM FOR ALL AMERICANS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PARAMOUNT COMMUNICATION INC			Nature of Debt (Purpose): E-MARKETING
Mailing Address 525K E MARKET ST STE 114			
City LEESBURG	State VA	Zip Code 20176-4113	

Outstanding Balance Beginning This Period <input type="text" value="26045.68"/>	Transaction ID : D59E3214508F24A339C3	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="26045.68"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPT STRATEGIES			Nature of Debt (Purpose): CAMPAIGN STRATEGY CONSULTING
Mailing Address PO BOX 31403			
City CHARLESTON	State SC	Zip Code 29417-1403	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID : DE9E658DB0EAA412289E	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VICTORY PHONES			Nature of Debt (Purpose): TELEMARKETING
Mailing Address 190 MONROE AVE NW STE 5			
City GRAND RAPIDS	State MI	Zip Code 49503-2628	

Outstanding Balance Beginning This Period <input type="text" value="1219.20"/>	Transaction ID : D643A0DADB4E8411CB2B	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1219.20"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="29764.88"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 16
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FREEDOM FOR ALL AMERICANS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PRIMARY DATA SOLUTIONS			Nature of Debt (Purpose): DATA WORK
Mailing Address 6983 CONSERVATION DR			
City SPRINGFIELD	State VA	Zip Code 22153-1015	

Outstanding Balance Beginning This Period <input type="text" value="1058.00"/>	Transaction ID : D9411592A444D4BAA813	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1058.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VICTORY ENTERPRISES			Nature of Debt (Purpose): ONLINE STORE SALES
Mailing Address 5200 30TH ST SW			
City DAVENPORT	State IA	Zip Code 52802-3039	

Outstanding Balance Beginning This Period <input type="text" value="10268.12"/>	Transaction ID : D88B55F9DF6D542028D9	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10268.12"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BEDINGFIELD, ERIC, , ,			Nature of Debt (Purpose): CAMPAIGN STRATEGY CONSULTING
Mailing Address 945 COOLEY BRIDGE RD			
City BELTON	State SC	Zip Code 29627-9276	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID : DAD5BC555A3EE4685A8B	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="13826.12"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 16
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FREEDOM FOR ALL AMERICANS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor C STREET PROPERTIES LLC			Nature of Debt (Purpose): OFFICE RENT
Mailing Address 190 MONROE AVE NW STE 500			
City GRAND RAPIDS	State MI	Zip Code 49503-2628	

Outstanding Balance Beginning This Period 12196.39	Transaction ID : D3E9ED17F26D541D3A25	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12196.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPLIN & DRYSDALE			Nature of Debt (Purpose): LEGAL FEES
Mailing Address 600 LEXINGTON AVE FL 21			
City NEW YORK	State NY	Zip Code 10022-7619	

Outstanding Balance Beginning This Period 7797.94	Transaction ID : D4AF1CAF04EFA45258FD	
Amount Incurred This Period 0.00	Payment This Period 5963.21	Outstanding Balance at Close of This Period 1834.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPLIN & DRYSDALE			Nature of Debt (Purpose): LEGAL FEES
Mailing Address 600 LEXINGTON AVE FL 21			
City NEW YORK	State NY	Zip Code 10022-7619	

Outstanding Balance Beginning This Period 15215.00	Transaction ID : D744F1BB9625A49CB808	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15215.00

1) SUBTOTALS This Period This Page (optional)..... ▶	29246.12
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 16
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
FREEDOM FOR ALL AMERICANS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROFESSIONAL DATA SERVICES INC.			Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address 824 S MILLEDGE AVE STE 101			
City ATHENS	State GA	Zip Code 30605-1332	

Outstanding Balance Beginning This Period 10277.97		Transaction ID : D52A0564DC3F642589AB	
Amount Incurred This Period 0.00	Payment This Period 10277.97	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTERNAL REVENUE SERVICE			Nature of Debt (Purpose): TAXES
Mailing Address 1111 CONSTITUTION AVE NW			
City WASHINGTON	State DC	Zip Code 20224-0001	

Outstanding Balance Beginning This Period 11324.77		Transaction ID : D3524288D513347B78B5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11324.77	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	11324.77
2) TOTALS This Period (last page this line number only)..... ▶	151034.60
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	151034.60