

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Liberty Fund

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="2020"/>	<input type="text" value=""/>	<input type="text" value="- 33.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="114475.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="644694.55"/>	<input type="text" value="1643887.89"/>
(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="759169.67"/>	<input type="text" value="1643854.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="714765.15"/>	<input type="text" value="1599450.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44404.52"/>	<input type="text" value="44404.52"/>
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="0.00"/>	

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
American Liberty Fund

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

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).....	634362.92	1628123.65
(ii) Unitemized	10131.63	15531.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	644494.55	1643654.80
(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)	644494.55	1643654.80
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).....	200.00	233.09
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 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)).....▶	644694.55	1643887.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	644694.55	1643887.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	79580.15	115981.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	79580.15	115981.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	635185.00	1483468.53
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	0.00	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	714765.15	1599450.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	714765.15	1599450.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	644494.55	1643654.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	644494.55	1643654.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	79580.15	115981.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	200.00	233.09
38. Net Operating Expenditures (subtract Line 37 from Line 36)	79380.15	115748.66

**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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
American Liberty Fund

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
allen, helen lynn, , ,

Mailing Address 8810 Lacrosse Dr

City Dallas	State TX	Zip Code 75231
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1562.81

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2020

Transaction ID : SA11AI.6042

Amount of Each Receipt this Period
1562.81

Memo Item
Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
allen, helen lynn, , ,

Mailing Address 8810 Lacrosse Dr

City Dallas	State TX	Zip Code 75231
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1812.81

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	16	/	2020

Transaction ID : SA11AI.6041

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

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

Mailing Address 1 Lyman St

City Westborough	State MA	Zip Code 01581
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	16	/	2020

Transaction ID : SA11AI.6596

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	2062.81
TOTAL This Period (last page this line number only).....	

**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 7 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Liberty Fund

A. Batmasian, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 SE 5th St
 Suite 610
 City Boca Raton State FL Zip Code 33432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 02 / 2020
Transaction ID : SA11AI.6637
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

B. Bobrow, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18106 Tudor Road
 City Jamica State NY Zip Code 11432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norman Bobrow and Co Real Esta Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 20 / 2020
Transaction ID : SA11AI.6630
 Amount of Each Receipt this Period 50000.00
 Memo Item Contribution

C. Clayton, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1118 Bay Sky Way
 City Seabrook State TX Zip Code 77586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NASA Occupation (for Individual) Program Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.73

Date of Receipt 10 / 15 / 2020
Transaction ID : SA11AI.6136
 Amount of Each Receipt this Period 260.73
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	55260.73
TOTAL This Period (last page this line number only).....	

**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 8 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Liberty Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. failing, bruce, , ,		Date of Receipt MM / DD / YYYY 10 / 25 / 2020 Transaction ID : SA11AI.6197
Mailing Address 221 el bravo way		Amount of Each Receipt this Period 260.73
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.73	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gray, Donald, , ,		Date of Receipt MM / DD / YYYY 10 / 15 / 2020 Transaction ID : SA11AI.6234
Mailing Address 23233 n Pima rd		Amount of Each Receipt this Period 1000.00
City Scottsdale	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Gray Associates	Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Investments Limited		Date of Receipt MM / DD / YYYY 10 / 19 / 2020 Transaction ID : SA11AI.6642
Mailing Address 215 North Federal Highway		Amount of Each Receipt this Period 5000.00
City Boca Raton	State FL	Zip Code 33432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....	6260.73
TOTAL This Period (last page this line number only).....	

**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 9 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Liberty Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kovanda, Christine, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2020
Mailing Address 847 Maxfield Road		Transaction ID : SA11AI.6338
City Hartland	State MI	Zip Code 48353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.65
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.65	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lindemann, Frayda, , Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2020
Mailing Address 15 West Star Island Drive		Transaction ID : SA11AI.6626
City Miami Beach	State FL	Zip Code 33139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Martin, Jim, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2020
Mailing Address 1695 Meadow Beach Lane		Transaction ID : SA11AI.6623
City Mattituck	State NY	Zip Code 11952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300000.00	

SUBTOTAL of Receipts This Page (optional).....	110208.65
TOTAL This Period (last page this line number only).....	

**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 10 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Liberty Fund

A. Martin, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1695 Meadow Beach Lane
 City Mattituck State NY Zip Code 11952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375000.00

Date of Receipt 10 / 22 / 2020
Transaction ID : SA11AI.6633
 Amount of Each Receipt this Period 75000.00
 Memo Item Contribution

B. Mclaws, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2923 crestview
 City Hurricane State UT Zip Code 84737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Hotel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 22 / 2020
Transaction ID : SA11AI.6409
 Amount of Each Receipt this Period 320.00
 Memo Item Contribution

C. Moskowitz, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Lexington Avenue PHB
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 125000.00

Date of Receipt 10 / 16 / 2020
Transaction ID : SA11AI.6624
 Amount of Each Receipt this Period 50000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	125320.00
TOTAL This Period (last page this line number only).....	

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 11 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Liberty Fund

A. Moskowitz, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Lexington Avenue PHB
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175000.00

Date of Receipt 10 / 22 / 2020
Transaction ID : SA11AI.6632
 Amount of Each Receipt this Period 50000.00
 Memo Item Contribution

B. Pia, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Perry St
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 20 / 2020
Transaction ID : SA11AI.6628
 Amount of Each Receipt this Period 25000.00
 Memo Item Contribution

C. Smith, Harold, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 West Madison
 City Chicago State IL Zip Code 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 26 / 2020
Transaction ID : SA11AI.6634
 Amount of Each Receipt this Period 25000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	

**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 12 OF 42
<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)
American Liberty Fund

A. Thurman, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10350 Lehman Rd
 City Orlando State FL Zip Code 32825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2020
Transaction ID : SA11AI.6560
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Topper, Lewis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 Treasure Place
 City Jupiter State FL Zip Code 33469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600000.00

Date of Receipt 10 / 15 / 2020
Transaction ID : SA11AI.6622
 Amount of Each Receipt this Period 100000.00
 Memo Item Contribution

C. Topper, Lewis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 Treasure Place
 City Jupiter State FL Zip Code 33469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650000.00

Date of Receipt 10 / 19 / 2020
Transaction ID : SA11AI.6625
 Amount of Each Receipt this Period 50000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	150250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Liberty Fund

A. Topper, Lewis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 Treasure Place
 City Jupiter State FL Zip Code 33469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 725000.00

Date of Receipt 10 / 26 / 2020
Transaction ID : SA11AI.6636
 Amount of Each Receipt this Period 75000.00
 Memo Item Contribution

B. Wheat, Lynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1255 south ocean blvd
 City Palm Beach State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 29 / 2020
Transaction ID : SA11AI.6573
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. Wister, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 335 El Vedado
 City Palm Beach State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 26 / 2020
Transaction ID : SA11AI.6581
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	85000.00
TOTAL This Period (last page this line number only).....▶	634362.92

**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)
American Liberty Fund

Full Name (Last, First, Middle Initial)

A. Branch Banking and Trust Company

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2020

Mailing Address 200 W 2nd St

FEC Identification Number

C []

Transaction ID : SB21B.6662

Amount of Each Disbursement this Period

[] 15.00

Memo Item

City Winston Salem State NC Zip Code 27101

Purpose of Disbursement
Bank Service Fees

[]

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Branch Banking and Trust Company

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2020

Mailing Address 200 W 2nd St

FEC Identification Number

C []

Transaction ID : SB21B.6663

Amount of Each Disbursement this Period

[] 2.00

Memo Item

City Winston Salem State NC Zip Code 27101

Purpose of Disbursement
Bank Service Fees

[]

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Branch Banking and Trust Company

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2020

Mailing Address 200 W 2nd St

FEC Identification Number

C []

Transaction ID : SB21B.6664

Amount of Each Disbursement this Period

[] 20.00

Memo Item

City Winston Salem State NC Zip Code 27101

Purpose of Disbursement
Bank Service Fees

[]

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

[] 37.00

[]

**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)

<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)
American Liberty Fund

Full Name (Last, First, Middle Initial)

A. Branch Banking and Trust Company

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2020			

Mailing Address 200 W 2nd St

City Winston Salem State NC Zip Code 27101

FEC Identification Number

C
Transaction ID : SB21B.6665
 Amount of Each Disbursement this Period
 1.00

Purpose of Disbursement
Bank Service Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Branch Banking and Trust Company

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2020			

Mailing Address 200 W 2nd St

City Winston Salem State NC Zip Code 27101

FEC Identification Number

C
Transaction ID : SB21B.6666
 Amount of Each Disbursement this Period
 15.00

Purpose of Disbursement
Bank Service Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. Branch Banking and Trust Company

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2020			

Mailing Address 200 W 2nd St

City Winston Salem State NC Zip Code 27101

FEC Identification Number

C
Transaction ID : SB21B.7890
 Amount of Each Disbursement this Period
 10.25

Purpose of Disbursement
Bank Service Fees Cashed Check

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

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

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

26.25
<input type="text"/>

**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)
American Liberty Fund

A. Branch Banking and Trust Company

Full Name (Last, First, Middle Initial)

Mailing Address 200 W 2nd St

City Winston Salem State NC Zip Code 27101

Purpose of Disbursement Bank Service Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B.6667

Amount of Each Disbursement this Period: 35.00

Memo Item

B. Branch Banking and Trust Company

Full Name (Last, First, Middle Initial)

Mailing Address 200 W 2nd St

City Winston Salem State NC Zip Code 27101

Purpose of Disbursement Bank Service Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.6668

Amount of Each Disbursement this Period: 1.00

Memo Item

C. Branch Banking and Trust Company

Full Name (Last, First, Middle Initial)

Mailing Address 200 W 2nd St

City Winston Salem State NC Zip Code 27101

Purpose of Disbursement Bank Service Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2020

FEC Identification Number: C

Transaction ID : SB21B.6669

Amount of Each Disbursement this Period: 17.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 53.00

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)

<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)
American Liberty Fund

Full Name (Last, First, Middle Initial) A. Branch Banking and Trust Company		Date of Disbursement MM / DD / YYYY 11 / 06 / 2020	
Mailing Address 200 W 2nd St		FEC Identification Number C [] Transaction ID : SB21B.6673	
City Winston Salem	State NC	Zip Code 27101	Amount of Each Disbursement this Period [] 12.00
Purpose of Disbursement Bank Service Fees		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Branch Banking and Trust Company		Date of Disbursement MM / DD / YYYY 11 / 10 / 2020	
Mailing Address 200 W 2nd St		FEC Identification Number C [] Transaction ID : SB21B.6674	
City Winston Salem	State NC	Zip Code 27101	Amount of Each Disbursement this Period [] 1.00
Purpose of Disbursement Bank Service Fees		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Branch Banking and Trust Company		Date of Disbursement MM / DD / YYYY 11 / 19 / 2020	
Mailing Address 200 W 2nd St		FEC Identification Number C [] Transaction ID : SB21B.6677	
City Winston Salem	State NC	Zip Code 27101	Amount of Each Disbursement this Period [] 0.50
Purpose of Disbursement Bank Service Fees		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 13.50
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)

<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)
American Liberty Fund

Full Name (Last, First, Middle Initial)

A. Branch Banking and Trust Company

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			20			

Mailing Address 200 W 2nd St

FEC Identification Number

C []
Transaction ID : SB21B.6678
 Amount of Each Disbursement this Period
 [] 693.00

City Winston Salem State NC Zip Code 27101

Purpose of Disbursement
Bank Service Fees

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Cooper, Brittany, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			20			

Mailing Address 3114 Red Barn Loop

FEC Identification Number

C []
Transaction ID : SB21B.6647
 Amount of Each Disbursement this Period
 [] 5000.00

City Sherman State TX Zip Code 75901

Purpose of Disbursement
Project Management

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. Cooper, Brittany, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			20			

Mailing Address 3114 Red Barn Loop

FEC Identification Number

C []
Transaction ID : SB21B.6645
 Amount of Each Disbursement this Period
 [] 5000.00

City Sherman State TX Zip Code 75901

Purpose of Disbursement
Project Management

001
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

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

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

[] 10693.00
 []

**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)

<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)
American Liberty Fund

A. Hilton West Palm Beach

Full Name (Last, First, Middle Initial)

Mailing Address 600 Okeechobee Blvd

City West Palm Beach State FL Zip Code 33401

Purpose of Disbursement Staff Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.6672

Amount of Each Disbursement this Period: 1027.29

Memo Item

B. Keith Ablow Creative

Full Name (Last, First, Middle Initial)

Mailing Address 36 Water Street

City Newburyport State MA Zip Code 01950

Purpose of Disbursement Political Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2020

FEC Identification Number: C

Transaction ID : SB21B.6651

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Liberty Strategies

Full Name (Last, First, Middle Initial)

Mailing Address 2120 Powers Ferry Road Suite 125

City Atlanta State GA Zip Code 30339

Purpose of Disbursement Travel Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2020

FEC Identification Number: C

Transaction ID : SB21B.6653

Amount of Each Disbursement this Period: 496.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2523.49

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)

<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)
American Liberty Fund

Full Name (Last, First, Middle Initial) A. Media Bridge LLC		Date of Disbursement MM / DD / YYYY 10 / 19 / 2020
Mailing Address 200 Lake Front Drive, #200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6681 Amount of Each Disbursement this Period 5383.97
City Mineral	State VA	Zip Code 23117
Purpose of Disbursement Data Append Services		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Media Bridge LLC		Date of Disbursement MM / DD / YYYY 11 / 06 / 2020
Mailing Address 200 Lake Front Drive, #200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6972 Amount of Each Disbursement this Period 16834.00
City Mineral	State VA	Zip Code 23117
Purpose of Disbursement Copywriting Fees		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Paula Y. Edwardds, CPA, MST, LLP		Date of Disbursement MM / DD / YYYY 10 / 21 / 2020
Mailing Address 1629 K Street NW Suite 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6683 Amount of Each Disbursement this Period 4150.00
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Accounting/Compliance Services		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	26367.97
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)

<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)
American Liberty Fund

A. Paula Y. Edwarrrds, CPA, MST, LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1629 K Street NW
Suite 300

City Washington State DC Zip Code 20006

Purpose of Disbursement Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 09 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.6656**

Amount of Each Disbursement this Period: 6200.00

Memo Item

B. Paula Y. Edwarrrds, CPA, MST, LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1629 K Street NW
Suite 300

City Washington State DC Zip Code 20006

Purpose of Disbursement Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 09 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.6685**

Amount of Each Disbursement this Period: 850.00

Memo Item

C. Revv Fundraising Platform

Full Name (Last, First, Middle Initial)

Mailing Address 1101 K Street
Floor 8

City Washington State DC Zip Code 20005

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 23 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.6679**

Amount of Each Disbursement this Period: 1063.57

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8113.57

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)

<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)
American Liberty Fund

Full Name (Last, First, Middle Initial)

A. SimpleTexting

Mailing Address 1815 Purdy Avenue

City Miami State FL Zip Code 33139

Purpose of Disbursement
Texting Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2020

FEC Identification Number

C

Transaction ID : SB21B.6657

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SimpleTexting

Mailing Address 1815 Purdy Avenue

City Miami State FL Zip Code 33139

Purpose of Disbursement
Texting Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2020

FEC Identification Number

C

Transaction ID : SB21B.6676

Amount of Each Disbursement this Period

886.94

Memo Item

Full Name (Last, First, Middle Initial)

C. SMA Communications

Mailing Address 6853 SW 18th Street
Suite M-200

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement
Fundraising Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2020

FEC Identification Number

C

Transaction ID : SB21B.6659

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5386.94

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 42
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
American Liberty Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paula Y. Edwards, CPA, MST, LLP			Nature of Debt (Purpose): Unbilled Accounting Services (Estimate)
Mailing Address 1629 K Street NW Suite 300			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period		Transaction ID : SD10.5593	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	5000.00	0.00	

B. 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	

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)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
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 E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Centro, Inc.
Mailing Address 11 E. Madison St 6th Floor
City Chicago State IL Zip Code 60602
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/20/2020
Amount 40000.00
Transaction ID: SE.5636
Date of Disbursement or Obligation 10/21/2020

Name of Federal Candidate: JENSEN, JESSE, , ,
Support Oppose
Office Sought: House District: 08
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 42500.00
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Centro, Inc.
Mailing Address 11 E. Madison St 6th Floor
City Chicago State IL Zip Code 60602
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/22/2020
Amount 40000.00
Transaction ID: SE.5992
Date of Disbursement or Obligation 10/22/2020

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President Senate State:
Calendar Year-To-Date Per Election for Office Sought 40000.00
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(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, , , [Electronically Filed] Date 05/20/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Centro, Inc.
Mailing Address 11 E. Madison St 6th Floor
City Chicago State IL Zip Code 60602
Purpose of Expenditure Digital Advertising
Category/Type 004
Date of Public Distribution/Dissemination 10/22/2020
Amount 80000.00
Transaction ID : SE.5995
Date of Disbursement or Obligation 10/22/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Delivery Signs
Mailing Address 40 W. Crystal Lake #1
City Orlando State FL Zip Code 32806
Purpose of Expenditure Sign Printing
Category/Type 004
Date of Public Distribution/Dissemination 10/26/2020
Amount 14963.00
Transaction ID : SE.6015
Date of Disbursement or Obligation 10/26/2020

Name of Federal Candidate: LOOMER, LAURA, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 94963.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(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, ,

[Electronically Filed]

Date 05/20/2021

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Liberty Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00623421 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Facebook	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 15 / 2020 </div>						
Mailing Address 1 Hacker Way	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 26643.00 </div> Transaction ID : SE.5607 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 15 / 2020 </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Menlo Park</td> <td>CA</td> <td>94025</td> </tr> </table>		City	State	Zip Code	Menlo Park	CA	94025
City		State	Zip Code				
Menlo Park	CA	94025					
Purpose of Expenditure Digital Advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SHEDD, TIFFANY, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: AZ						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 145368.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Facebook	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2020 </div>						
Mailing Address 1 Hacker Way	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 15000.00 </div> Transaction ID : SE.5999 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2020 </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Menlo Park</td> <td>CA</td> <td>94025</td> </tr> </table>		City	State	Zip Code	Menlo Park	CA	94025
City		State	Zip Code				
Menlo Park	CA	94025					
Purpose of Expenditure Digital Advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD J. , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 161500.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 41643.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>

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.

Signature Edwards, Paula, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 05 / 20 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Facebook
Mailing Address 1 Hacker Way
City Menlo Park State CA Zip Code 94025
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/23/2020
Amount 25000.00
Transaction ID : SE.6009
Date of Disbursement or Obligation 10/23/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Facebook
Mailing Address 1 Hacker Way
City Menlo Park State CA Zip Code 94025
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/27/2020
Amount 25000.00
Transaction ID : SE.6020
Date of Disbursement or Obligation 10/27/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(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, ,

[Electronically Filed]

Date 05/20/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Facebook
Mailing Address 1 Hacker Way
City Menlo Park State CA Zip Code 94025
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/27/2020
Amount 4000.00
Transaction ID: SE.6022
Date of Disbursement or Obligation 10/27/2020

Name of Federal Candidate: LOOMER, LAURA, ,
Support Oppose
Office Sought: House Senate State: FL District: 21
Calendar Year-To-Date Per Election for Office Sought 527623.00
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Media Bridge LLC
Mailing Address 200 Lake Front Drive, #200
City Mineral State VA Zip Code 23117
Purpose of Expenditure Video Production Category/Type 004
Date of Public Distribution/Dissemination 10/15/2020
Amount 2500.00
Transaction ID: SE.5606
Date of Disbursement or Obligation 10/16/2020

Name of Federal Candidate: CRAFTS, DALE, ,
Support Oppose
Office Sought: House Senate State: ME District: 02
Calendar Year-To-Date Per Election for Office Sought 54473.00
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(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, ,

[Electronically Filed]

Date 05/20/2021

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Liberty Fund	FEC IDENTIFICATION NUMBER ▼ C C00623421
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Media Bridge LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 200 Lake Front Drive, #200		Amount <input type="text"/>	
City Mineral	State VA	Zip Code 23117	Transaction ID : SE.5608
Purpose of Expenditure Digital Advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: SHEDD, TIFFANY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Media Bridge LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 200 Lake Front Drive, #200		Amount <input type="text"/>	
City Mineral	State VA	Zip Code 23117	Transaction ID : SE.5616
Purpose of Expenditure Radio Advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: LOOMER, LAURA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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, , ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Media Bridge LLC
Mailing Address 200 Lake Front Drive, #200
City Mineral State VA Zip Code 23117
Purpose of Expenditure Radio Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/19/2020
Amount 6000.00
Transaction ID: SE.5617
Date of Disbursement or Obligation 10/19/2020

Name of Federal Candidate: KLACIK, KIMBERLY, , ,
Support Oppose
Office Sought: House District: 07
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 66000.00
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Media Bridge LLC
Mailing Address 200 Lake Front Drive, #200
City Mineral State VA Zip Code 23117
Purpose of Expenditure Radio Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/19/2020
Amount 4000.00
Transaction ID: SE.5619
Date of Disbursement or Obligation 10/19/2020

Name of Federal Candidate: SHEDD, TIFFANY, , ,
Support Oppose
Office Sought: House District: 01
President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 194697.00
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(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, , , [Electronically Filed] Date 05/20/2021
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Liberty Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00623421 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Media Bridge LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 19 / 2020</div>		
Mailing Address 200 Lake Front Drive, #200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">3000.00</div>		
City Mineral	State VA	Zip Code 23117			
Purpose of Expenditure Television Advertising		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.5621 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 19 / 2020</div>		
Name of Federal Candidate: CRAFTS, DALE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: ME		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">87473.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item Media Bridge LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 21 / 2020</div>		
Mailing Address 200 Lake Front Drive, #200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2500.00</div>		
City Mineral	State VA	Zip Code 23117			
Purpose of Expenditure Video Production		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.5633 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 21 / 2020</div>		
Name of Federal Candidate: JENSEN, JESSE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: WA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2500.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

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Edwards, Paula, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y

05 / 20 / 2021

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Liberty Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00623421 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Media Bridge LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2020		
Mailing Address 200 Lake Front Drive, #200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div>		
City Mineral	State VA	Zip Code 23117			
Purpose of Expenditure Digital Advertising		Category/Type 004	Transaction ID : SE.5638 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2020		
Name of Federal Candidate: JENSEN, JESSE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>08</u> State: <u>WA</u>		
Calendar Year-To-Date Per Election for Office Sought 50500.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item Media Bridge LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2020		
Mailing Address 200 Lake Front Drive, #200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div>		
City Mineral	State VA	Zip Code 23117			
Purpose of Expenditure Digital Advertising		Category/Type 004	Transaction ID : SE.5996 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2020		
Name of Federal Candidate: TRUMP, DONALD J., , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 128000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">16000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Media Bridge LLC
Mailing Address 200 Lake Front Drive, #200
City Mineral State VA Zip Code 23117
Purpose of Expenditure Video Production Category/Type 004
Date of Public Distribution/Dissemination 10/22/2020
Amount 2500.00
Transaction ID: SE.5997
Date of Disbursement or Obligation 10/22/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Media Bridge LLC
Mailing Address 200 Lake Front Drive, #200
City Mineral State VA Zip Code 23117
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/22/2020
Amount 16000.00
Transaction ID: SE.5998
Date of Disbursement or Obligation 10/22/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 18500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(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, ,

[Electronically Filed]

Date 05/20/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Media Bridge LLC
Mailing Address 200 Lake Front Drive, #200
City Mineral State VA Zip Code 23117
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/22/2020
Amount 3000.00
Transaction ID : SE.6000
Date of Disbursement or Obligation 10/22/2020

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Media Bridge LLC
Mailing Address 200 Lake Front Drive, #200
City Mineral State VA Zip Code 23117
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/23/2020
Amount 5000.00
Transaction ID : SE.6010
Date of Disbursement or Obligation 10/23/2020

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 8000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(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, , ,

[Electronically Filed]

Date 05/20/2021

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Liberty Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00623421 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Media Bridge LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2020</div>		
Mailing Address 200 Lake Front Drive, #200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5000.00</div>		
City Mineral	State VA	Zip Code 23117			
Purpose of Expenditure Digital Advertising		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.6021 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2020</div>		
Name of Federal Candidate: TRUMP, DONALD J. , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">224500.00</div>			M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2020</div>		

Full Name of Payee <input type="checkbox"/> Memo Item Media Bridge LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2020</div>		
Mailing Address 200 Lake Front Drive, #200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">800.00</div>		
City Mineral	State VA	Zip Code 23117			
Purpose of Expenditure Digital Advertising		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.6023 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2020</div>		
Name of Federal Candidate: LOOMER, LAURA, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">528423.00</div>			M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2020</div>		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5800.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

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, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y

05 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Media Bridge LLC
Mailing Address 200 Lake Front Drive, #200
City Mineral State VA Zip Code 23117
Purpose of Expenditure Digital Advertising Category/Type 004
Date of Public Distribution/Dissemination 11/02/2020
Amount 2500.00
Transaction ID: SE.6971
Date of Disbursement or Obligation 11/06/2020

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
President
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee New Journey PAC
Mailing Address 7750 Okeechobee Blvd Ste 4-366
City West Palm Beach State FL Zip Code 33411
Purpose of Expenditure Door Knocking Category/Type 004
Date of Public Distribution/Dissemination 10/19/2020
Amount 17500.00
Transaction ID: SE.5622
Date of Disbursement or Obligation 10/19/2020

Name of Federal Candidate: LOOMER, LAURA, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Edwards, Paula, ,

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Date 05/20/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee New Journey PAC Memo Item

Date of Public Distribution/Dissemination 10 / 21 / 2020

Mailing Address 7750 Okeechobee Blvd Ste 4-366

Amount 5000.00

City West Palm Beach State FL Zip Code 33411

Transaction ID : SE.5639

Purpose of Expenditure Door Knocking Category/Type 004

Date of Disbursement or Obligation 10 / 21 / 2020

Name of Federal Candidate: LOOMER, LAURA, , Support Oppose

Office Sought: House District: 21 State: FL

Calendar Year-To-Date Per Election for Office Sought 483660.00

Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee New Journey PAC Memo Item

Date of Public Distribution/Dissemination 10 / 26 / 2020

Mailing Address 7750 Okeechobee Blvd Ste 4-366

Amount 25000.00

City West Palm Beach State FL Zip Code 33411

Transaction ID : SE.6017

Purpose of Expenditure Door Knocking Category/Type 004

Date of Disbursement or Obligation 10 / 26 / 2020

Name of Federal Candidate: LOOMER, LAURA, , Support Oppose

Office Sought: House District: 21 State: FL

Calendar Year-To-Date Per Election for Office Sought 523623.00

Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Edwards, Paula, , [Electronically Filed] Date 05 / 20 / 2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Ram Advertising LLC
Mailing Address 1000 Southern Blvd Suite 300
City West Palm Beach State FL Zip Code 33405
Purpose of Expenditure Radio Advertising Category/Type 004

Date of Public Distribution/Dissemination 10/19/2020
Amount 100000.00
Transaction ID: SE.5613
Date of Disbursement or Obligation 10/19/2020

Name of Federal Candidate: LOOMER, LAURA, ,
Support Oppose

Office Sought: House District: 21
President Senate State: FL

Calendar Year-To-Date Per Election for Office Sought 451160.00

Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Ram Advertising LLC
Mailing Address 1000 Southern Blvd Suite 300
City West Palm Beach State FL Zip Code 33405
Purpose of Expenditure Radio Advertising Category/Type 004

Date of Public Distribution/Dissemination 10/19/2020
Amount 60000.00
Transaction ID: SE.5614
Date of Disbursement or Obligation 10/19/2020

Name of Federal Candidate: KLACIK, KIMBERLY, ,
Support Oppose

Office Sought: House District: 07
President Senate State: MD

Calendar Year-To-Date Per Election for Office Sought 60000.00

Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 160000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Edwards, Paula, ,

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Date 05/20/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Ram Advertising LLC
Mailing Address 1000 Southern Blvd Suite 300
City West Palm Beach State FL Zip Code 33405
Purpose of Expenditure Radio Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/19/2020
Amount 40000.00
Transaction ID: SE.5618
Date of Disbursement or Obligation 10/19/2020

Name of Federal Candidate: SHEDD, TIFFANY, , ,
Support Oppose
Office Sought: House District: 01
President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 190697.00
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Ram Advertising LLC
Mailing Address 1000 Southern Blvd Suite 300
City West Palm Beach State FL Zip Code 33405
Purpose of Expenditure Television Advertising Category/Type 004
Date of Public Distribution/Dissemination 10/19/2020
Amount 30000.00
Transaction ID: SE.5620
Date of Disbursement or Obligation 10/19/2020

Name of Federal Candidate: CRAFTS, DALE, , ,
Support Oppose
Office Sought: House District: 02
President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 84473.00
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 70000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Edwards, Paula, , ,

[Electronically Filed]

Date

05 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Liberty Fund
FEC IDENTIFICATION NUMBER C C00623421

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Wolf, August, , , Memo Item
Mailing Address 3714 Red Maple Circle
City Del Ray Beach State FL Zip Code 33445
Purpose of Expenditure Election Day Support Sign Deployment Category/Type
Name of Federal Candidate: LOOMER, LAURA, , , Support Oppose Office Sought: House District: 21 State: FL
Calendar Year-To-Date Per Election for Office Sought 531373.00 Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Memo Item
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate: Support Oppose Office Sought: House District: State:
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 2950.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 635185.00

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Edwards, Paula, , ,

[Electronically Filed]

Date 05 / 20 / 2021

Signature