

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Liberty Action PAC			FEC IDENTIFICATION NUMBER ▼ C C00508598		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 11 / 30 / 2012</div> </div>		

Full Name (Last, First, Middle Initial) of Payee Grassroots Action, Inc			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 28 / 2012</div> </div>		
Mailing Address 90 Main Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2926.02</div>		
City Maxwell	State IA	Zip Code 50161	Transaction ID : SE.4121		
Purpose of Expenditure e-mail blast		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2926.02</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 28 / 2012</div> </div>		
Mailing Address P.O. Box 540774			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12672.45</div>		
City Orlando	State FL	Zip Code 32854	Transaction ID : SE.4122		
Purpose of Expenditure e-mail list rental		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">15552.45</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">15598.47</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.

Mr. Deryl Madison Edwards

[Electronically Filed]

Signature _____ Date

M M / D D / Y Y Y Y Y Y
12 / 06 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Liberty Action PAC

FEC IDENTIFICATION NUMBER ▼

C C00508598

Check If ☒ 24-hour report ☐ 48-hour report☐ New report ☒ Amends report filed onM M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Full Name (Last, First, Middle Initial) of Payee

Liberty Counsel Action

Date

M M / D D / Y Y Y Y Y Y
10 / 28 / 2012

Mailing Address P.O. Box 540629

Amount

537.23

City

Orlando

State

FL

Zip Code

32854

Transaction ID : SE.4123

Purpose of Expenditure
list rentalCategory/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Calendar Year-To-Date Per Election
for Office Sought

16089.68

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

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

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

537.23

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

16135.70

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.

Mr. Deryl Madison Edwards

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 06 / 2012

Signature