

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 American Liberty Fund

ADDRESS (number and street) 11300 Astarita Ave Check if different than previously reported. (ACC) Partlow VA 22534

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00623421 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 08/18/2020 in the State of FL

5. Covering Period 07/01/2020 through 07/29/2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Edwards, Paula, , , Type or Print Name of Treasurer

Signature of Treasurer Edwards, Paula, , , [Electronically Filed] Date 08/04/2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="- 33.09"/>	<input type="text" value="- 33.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="- 1.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="170000.00"/>	<input type="text" value="170038.09"/>
(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="169999.00"/>	<input type="text" value="170005.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13186.19"/>	<input type="text" value="13192.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="156812.81"/>	<input type="text" value="156812.81"/>
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).....	170000.00	170000.00
(ii) Unitemized	0.00	5.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	170000.00	170005.00
(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)	170000.00	170005.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	33.09
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)).....▶	170000.00	170038.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	170000.00	170038.09

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	826.19	832.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	826.19	832.19
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)	12360.00	12360.00
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	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)) ..	13186.19	13192.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13186.19	13192.19

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)	170000.00	170005.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	170000.00	170005.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	826.19	832.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	33.09
38. Net Operating Expenditures (subtract Line 37 from Line 36)	826.19	799.10

**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 13
	<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
-----------------------------	-----------------------------	-----------------------------

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. Shillman, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6857 Rancho Valencia Road
 City Rancho Santa Fe State CA Zip Code 92067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cognex Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 07 / 2020
Transaction ID : SA11AI.5005
 Amount of Each Receipt this Period 10000.00
 Memo Item Contribution

B. Topper, Lewis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 Teasure 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 ▼ 60000.00

Date of Receipt 07 / 01 / 2020
Transaction ID : SA11AI.5001
 Amount of Each Receipt this Period 60000.00
 Memo Item Contribution

C. Topper, Lewis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 Teasure 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 ▼ 160000.00

Date of Receipt 07 / 16 / 2020
Transaction ID : SA11AI.5003
 Amount of Each Receipt this Period 100000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	170000.00
TOTAL This Period (last page this line number only).....▶	170000.00

**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

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

Full Name (Last, First, Middle Initial) A. Apple.com		Date of Disbursement MM / DD / YYYY 07 / 13 / 2020	
Mailing Address 1 Infinite Loop		FEC Identification Number C [] Transaction ID : SB21B.5006 Amount of Each Disbursement this Period [] 736.05	
City Cupertino	State CA	Zip Code 95014	Category/ Type 001
Purpose of Disbursement Computer Hardware			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Apple.com		Date of Disbursement MM / DD / YYYY 07 / 13 / 2020	
Mailing Address 1 Infinite Loop		FEC Identification Number C [] Transaction ID : SB21B.5008 Amount of Each Disbursement this Period [] 82.14	
City Cupertino	State CA	Zip Code 95014	Category/ Type 001
Purpose of Disbursement Computer Hardware			
Candidate Name		Memo Item <input type="checkbox"/>	
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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type
Purpose of Disbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[] 818.19
TOTAL This Period (last page this line number only).....▶	[] 818.19

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 07/17/2020
Amount 860.00
Transaction ID: SE.5019
Date of Disbursement or Obligation 07/17/2020

Name of Federal Candidate: LOOMER, LAURA, ,
Support Oppose
Office Sought: House Senate State: FL District: 21
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 07/20/2020
Amount 2400.00
Transaction ID: SE.5020
Date of Disbursement or Obligation 07/20/2020

Name of Federal Candidate: LOOMER, LAURA, ,
Support Oppose
Office Sought: House Senate State: FL District: 21
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3260.00
(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 08/04/2020

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 07/27/2020
Amount 2000.00
Transaction ID : SE.5016
Date of Disbursement or Obligation 07/27/2020

Name of Federal Candidate: DONALDS, BYRON, ,
Support Oppose
Office Sought: House Senate State: FL District: 19
Calendar Year-To-Date Per Election for Office Sought 4000.00
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 07/28/2020
Amount 900.00
Transaction ID : SE.5017
Date of Disbursement or Obligation 07/28/2020

Name of Federal Candidate: DONALDS, BYRON, ,
Support Oppose
Office Sought: House Senate State: FL District: 19
Calendar Year-To-Date Per Election for Office Sought 4900.00
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2900.00
(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 08/04/2020

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 <input type="checkbox"/> Memo Item Facebook	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1 Hacker Way	Amount <input type="text"/>
City Menlo Park State CA Zip Code 94025	Transaction ID : SE.5018 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Digital Advertising Category/Type <input type="text"/>	Name of Federal Candidate: <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: 19 State: FL
Name of Federal Candidate: DONALDS, BYRON, , ,	Calendar Year-To-Date Per Election for Office Sought <input type="text"/>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	Amount 1800.00

Full Name of Payee <input type="checkbox"/> Memo Item Keith Ablow Creative	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 36 Water Street	Amount <input type="text"/>
City Newburyport State MA Zip Code 01950	Transaction ID : SE.5014 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Political Ad Scripts Category/Type <input type="text"/>	Name of Federal Candidate: <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: 19 State: FL
Name of Federal Candidate: DONALDS, BYRON, , ,	Calendar Year-To-Date Per Election for Office Sought <input type="text"/>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	Amount 500.00

(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 Keith Ablow Creative
Mailing Address 36 Water Street
City Newburyport State MA Zip Code 01950
Purpose of Expenditure Political Ad Scripts Category/Type 004
Date of Public Distribution/Dissemination 07/17/2020
Amount 500.00
Transaction ID: SE.5015
Date of Disbursement or Obligation 07/17/2020

Name of Federal Candidate: LOOMER, LAURA, ,
Support Oppose
Office Sought: House Senate State: FL District: 21
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Keith Ablow Creative
Mailing Address 36 Water Street
City Newburyport State MA Zip Code 01950
Purpose of Expenditure Political Ad Scripts Category/Type 004
Date of Public Distribution/Dissemination 07/27/2020
Amount 500.00
Transaction ID: SE.5012
Date of Disbursement or Obligation 07/27/2020

Name of Federal Candidate: LOOMER, LAURA, ,
Support Oppose
Office Sought: House Senate State: FL District: 21
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1000.00
(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 08/04/2020

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 Keyser Media
Mailing Address 10 Huntsman Court
City Simpsonville State SC Zip Code 29680
Purpose of Expenditure Newsletter Publication Category/Type 004
Name of Federal Candidate: LOOMER, LAURA, , Support Office Sought: House District: 21 State: FL
Calendar Year-To-Date Per Election for Office Sought 5660.00
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee SMA Communications
Mailing Address 6853 SW 18th Street Suite M-200
City Boca Raton State FL Zip Code 33433
Purpose of Expenditure Data Processing Category/Type 004
Name of Federal Candidate: DONALDS, BYRON, , Support Office Sought: House District: 19 State: FL
Calendar Year-To-Date Per Election for Office Sought 1500.00
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2100.00
(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 08 / 04 / 2020
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 SMA Communications
Mailing Address 6853 SW 18th Street Suite M-200
City Boca Raton State FL Zip Code 33433
Purpose of Expenditure Data Processing Category/Type 004
Date of Public Distribution/Dissemination 07/14/2020
Amount 800.00
Transaction ID : SE.5011
Date of Disbursement or Obligation 07/14/2020

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 800.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House District:
President Senate 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 800.00; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 12360.00

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 08/04/2020
Signature