

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) **8111 S. US HIGHWAY 75**
SUITE 200
 Check if different than previously reported. (ACC) **SHERMAN TX 75091**

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2024 through / / 2024

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

Signature of Treasurer **EDWARDS, PAULA, , ,** Date / / 2024

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)

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="2024"/>		<input type="text" value="24825.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24825.68"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="22093.43"/>	<input type="text" value="22093.43"/>
(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="46919.11"/>	<input type="text" value="46919.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="43724.03"/>	<input type="text" value="43724.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3195.08"/>	<input type="text" value="3195.08"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN LIBERTY FUND

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2024 To: M M / D D / Y Y Y Y 03 / 31 / 2024

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).....	20000.00	20000.00
(ii) Unitemized	293.43	293.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20293.43	20293.43
(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)	20293.43	20293.43
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1800.00	1800.00
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)).....▶	22093.43	22093.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22093.43	22093.43

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	23724.03	23724.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23724.03	23724.03
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)	20000.00	20000.00
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)) ..	43724.03	43724.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43724.03	43724.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	20293.43	20293.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20293.43	20293.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	23724.03	23724.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23724.03	23724.03

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 14
<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	

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
TOPPER, LEWIS, , ,

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 ▼
20000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		16		2024

Transaction ID : A-64222

Amount of Each Receipt this Period
20000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	20000.00

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

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

A. FEDERAL ELECTION COMMISSION

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

Mailing Address 1050 FIRST STREET NORTHEAST

City WASHINGTON	State DC	Zip Code 20463
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2024

Transaction ID : A-74680

Amount of Each Receipt this Period

1800.00

Memo Item

OFFSET TO OPERATING EXPENDITURE VENDOR REFUND

B.

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

--

Date of Receipt

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

Amount of Each Receipt this Period

--

Memo Item

C.

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

--

Date of Receipt

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

Amount of Each Receipt this Period

--

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	1800.00

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)

Form for line numbers: 21b (checked), 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 7645 E 63RD ST STE 600

City TULSA State OK Zip Code 74133

Purpose of Disbursement TRAVEL-AIRFARE

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Category/Type

Date of Disbursement

Date of Disbursement: 01 / 18 / 2024

FEC Identification Number

FEC Identification Number: C

Transaction ID : B-64207

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2416.20

Memo Item

Full Name (Last, First, Middle Initial)

B. DISRUPTOR RADIO

Mailing Address 320 PRISM PLACE UNIT 312

City CORAOPOLIS State PA Zip Code 15108

Purpose of Disbursement ADVERTISING NON ELECTION

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Category/Type

Date of Disbursement

Date of Disbursement: 03 / 05 / 2024

FEC Identification Number

FEC Identification Number: C

Transaction ID : B-64220

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 1810 BRIARGATE PARKWAY

City COLORADO SPRINGS State CO Zip Code 80920

Purpose of Disbursement TRAVEL-HOTEL LODGING

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Category/Type

Date of Disbursement

Date of Disbursement: 02 / 01 / 2024

FEC Identification Number

FEC Identification Number: C

Transaction ID : B-64212

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 200.13

Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Subtotal: 12616.33

Total: [Blank]

**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 GARDEN INN

Full Name (Last, First, Middle Initial)

Mailing Address 1810 BRIARGATE PARKWAY

City COLORADO SPRINGS State CO Zip Code 80920

Purpose of Disbursement TRAVEL-HOTEL LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2024

FEC Identification Number: C

Transaction ID : B-64213

Amount of Each Disbursement this Period: 7.58

Memo Item

B. 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-HOTEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2024

FEC Identification Number: C

Transaction ID : B-64209

Amount of Each Disbursement this Period: 417.76

Memo Item

C. HOTEL ZAZA

Full Name (Last, First, Middle Initial)

Mailing Address 2332 LEONARD STREET

City DALLAS State TX Zip Code 75201

Purpose of Disbursement TRAVEL-HOTEL LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2024

FEC Identification Number: C

Transaction ID : B-64210

Amount of Each Disbursement this Period: 1191.68

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1617.02

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. HOTEL ZAZA

Full Name (Last, First, Middle Initial)

Mailing Address 2332 LEONARD STREET

City DALLAS State TX Zip Code 75201

Purpose of Disbursement TRAVEL-HOTEL MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2024

FEC Identification Number: C

Transaction ID : B-64211

Amount of Each Disbursement this Period: 390.79

Memo Item

B. PAULA Y. EDWARDS, 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 SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2024

FEC Identification Number: C

Transaction ID : B-64206

Amount of Each Disbursement this Period: 3000.00

Memo Item

C. PAULA Y. EDWARDS, 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 SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 22 / 2024

FEC Identification Number: C

Transaction ID : B-64221

Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5390.79

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

Form A: STONEY'S WHISKEY. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: UNITED AIRLLINES. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: UNITED AIRLLINES. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

SUBTOTAL of Disbursements This Page (optional)
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. UNITED AIRLLINES

Mailing Address 233 SOUTH WACKER DRIVE

City
CHICAGO

State
IL

Zip Code
60606

Purpose of Disbursement
TRAVEL - AIR FARE

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	2	4

FEC Identification Number

C

Transaction ID : B-64218

Amount of Each Disbursement this Period

948.05

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLLINES

Mailing Address 233 SOUTH WACKER DRIVE

City
CHICAGO

State
IL

Zip Code
60606

Purpose of Disbursement
TRAVEL - AIR FARE

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	2	4

FEC Identification Number

C

Transaction ID : B-64219

Amount of Each Disbursement this Period

948.05

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1896.10

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

23513.73

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 14
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FEDERAL ELECTION COMMISSION			Nature of Debt (Purpose): REFUND OWED FROM OVERPAYMENT
Mailing Address 1050 FIRST STREET NORTHEAST			
City WASHINGTON	State DC	Zip Code 20463	

Outstanding Balance Beginning This Period 1800.00		Transaction ID : D-23358	
Amount Incurred This Period - 1800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 DISRUPTOR RADIO
Mailing Address 320 PRISM PLACE UNIT 312
City CORAOPOLIS State PA Zip Code 15108
Purpose of Expenditure BUS TOUR
Name of Federal Candidate: TRUMP, DONALD, J.,
Calendar Year-To-Date Per Election for Office Sought 20000.00
Date of Public Distribution/Dissemination 02/01/2024
Amount 20000.00
Transaction ID: E-49075
Date of Disbursement or Obligation 01/03/2024
Office Sought: President
Disbursement For: General

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Name of Federal Candidate:
Office Sought:
Disbursement For:
Calendar Year-To-Date Per Election for Office Sought

Table with 3 rows: (a) SUBTOTAL of Itemized Independent Expenditures 20000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 20000.00

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, . .
Signature

Date 04/15/2024