02/03/2024 21 : 23

## Image# 202402039619675486 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
AMERICAN LIBERTY FUND		C C00623421
Check if24-hour report 🔀 48-hour report 🔀 Ne	ew report Amends report fil	ed on
Full Name of Payee		Date of Public Distribution/Dissemination
DISRUPTOR RADIO		02 / 01 / Y Y Y Y Y 02 01 2024
Mailing Address 320 PRISM PLACE UNIT 312		Amount
	Zia Osala	20000.00
City State CORAOPOLIS PA	Zip Code 15108	20000.00 Transaction ID : E-49075 Date of Disbursement or Obligation
Purpose of Expenditure BUS TOUR	Category/ Type	01 / 03 / 2024
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of Federal Candidate TRUMP, DONALD, J., ,		ice Sought: House District: 00
	(•	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dis 20000.00	bursement For: Primary X General
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		- Led Led Leeed
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/	
	Туре	
Name of Federal Candidate	Support Of	ice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	Dis	bursement For: Primary General
Per Election for Office Sought		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	••••••	20000.00
(b) SUBTOTAL of Uniternized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	►	20000.00
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
EDWARDS, PAULA, , ,		4 M / D D / Y Y Y Y
Signature	Date	02 03 2024