

# 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.   
Liberty Action PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)    -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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  /  /  through  /  /

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 Mr. Deryl Madison Edwards

Signature of Treasurer Mr. Deryl Madison Edwards [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Liberty Action PAC

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="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="145749.12"/>	<input type="text" value="145749.12"/>
(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="145749.12"/>	<input type="text" value="145749.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="118946.51"/>	<input type="text" value="118946.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26802.61"/>	<input type="text" value="26802.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="116154.69"/>	

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

**Liberty Action PAC**

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).....	22350.00	22350.00
(ii) Unitemized .....	123399.12	123399.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	145749.12	145749.12
(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) .....	145749.12	145749.12
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.).....	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))..... ▶	145749.12	145749.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	145749.12	145749.12

## 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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
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) .....	118946.51	118946.51
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	118946.51	118946.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118946.51	118946.51

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	145749.12	145749.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	145749.12	145749.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Liberty Action PAC**

**A. Mary Bell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5063 Joewood Drive  
City Sanibel State FL Zip Code 33957  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mary Bell Occupation health coach  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 11 / 05 / 2012  
**Transaction ID : SA11AI.4240**  
Amount of Each Receipt this Period 300.00  
contribution

**B. Avery Brinkley Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8933 SW 8th Street  
City Ocala State FL Zip Code 34481  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clinical PET of Ocala Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 26 / 2012  
**Transaction ID : SA11AI.4248**  
Amount of Each Receipt this Period 250.00  
contribution

**C. Bethia Bundrick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 Unadilla Street  
City Shreveport State LA Zip Code 71106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation none  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 10 / 28 / 2012  
**Transaction ID : SA11AI.4232**  
Amount of Each Receipt this Period 300.00  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**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 8 OF 35
	<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)  
**Liberty Action PAC**

**A. Ruby Choi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 4877  
 City State Zip Code  
 Foster City CA 94404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation property manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012  
**Transaction ID : SA11AI.4212**  
 Amount of Each Receipt this Period  
**650.00**  
 contribution

**B. Beverly Conrad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1012 Laurelwood Lane  
 City State Zip Code  
 Greenwood IN 46142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation None  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2012  
**Transaction ID : SA11AI.4193**  
 Amount of Each Receipt this Period  
**1500.00**  
 contribution

**C. Drake Darwin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W8994 Beach Road  
 City State Zip Code  
 Shawano WI 54166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation none  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2012  
**Transaction ID : SA11AI.4266**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2400.00</b>
<b>TOTAL</b> 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 35
	<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)  
**Liberty Action PAC**

Full Name (Last, First, Middle Initial) <b>A. Paula Glenn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 823 Rainbow Avenue		<b>Transaction ID : SA11AI.4242</b>
City Portage	State MN	Zip Code 49024
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer PFS	Occupation financial	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Lenora Granberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 101 Princess Lane		<b>Transaction ID : SA11AI.4228</b>
City Clemson	State SC	Zip Code 29631
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Re/Max	Occupation Realtor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Raedine Gupta</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012
Mailing Address 28216 Seamount Drive		<b>Transaction ID : SA11AI.4244</b>
City Rancho Palos Verdes	State CA	Zip Code 90275
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer none	Occupation none	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> 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 35
	<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)  
**Liberty Action PAC**

**A. Rob Haertel**  
Full Name (Last, First, Middle Initial)

Mailing Address 10177 Altavilla Drive

City State Zip Code  
Sandy UT 84092

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

Name of Employer Occupation  
Capital Assets Financial Mortgage lending

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SA11AI.4209**

Amount of Each Receipt this Period  
1000.00

contribution

**B. Tom Harman**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 341959

City State Zip Code  
Austin TX 78734

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

Name of Employer Occupation  
none engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11AI.4230**

Amount of Each Receipt this Period  
500.00

contribution

**C. Bennie and Judy Hasha**  
Full Name (Last, First, Middle Initial)

Mailing Address 675 FM 2693 E

City State Zip Code  
New Waverly TX 77358

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

Name of Employer Occupation  
CEF, Inc. director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11AI.4250**

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 35
	<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)  
**Liberty Action PAC**

**A. Kenneth Howe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35732 Weston Drive  
City Laguna Niguel State CA Zip Code 92677  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Archstone Occupation accountant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 03 / 2012**  
**Transaction ID : SA11AI.4236**  
Amount of Each Receipt this Period **300.00**  
contribution

**B. Kris and Julie Kimmerling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 188 South 400 West  
City Marion State IN Zip Code 46953  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jennerahn Machine Occupation controller  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 02 / 2012**  
**Transaction ID : SA11AI.4238**  
Amount of Each Receipt this Period **300.00**  
contribution

**C. Tiffany Labrecque**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6214 LD Lockett Road  
City Colleyville State TX Zip Code 76034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation self  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 03 / 2012**  
**Transaction ID : SA11AI.4246**  
Amount of Each Receipt this Period **300.00**  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... **900.00**  
**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 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Liberty Action PAC**

Full Name (Last, First, Middle Initial)  
**A. Arlyn Lanting**

Mailing Address 26407 Brick Lane

City	State	Zip Code
Bonita Springs	FL	34134

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

Name of Employer	Occupation
Retired	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  

1000.00
---------

contribution

Full Name (Last, First, Middle Initial)  
**B. John LaPointe**

Mailing Address 23671 Blythe Street

City	State	Zip Code
West Hills	CA	91034

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

Name of Employer	Occupation
none	retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

**Transaction ID : SA11AI.4256**

Amount of Each Receipt this Period  

250.00
--------

contribution

Full Name (Last, First, Middle Initial)  
**c. Joan C. LeValley**

Mailing Address 2200 Bouterse Street  
Unit 101

City	State	Zip Code
Park Ridge	IL	60068

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

Name of Employer	Occupation
JCL and Company	accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

**Transaction ID : SA11AI.4222**

Amount of Each Receipt this Period  

500.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 14 OF 35
	<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)  
**Liberty Action PAC**

**A. David Luhman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Roundtable Road  
 City State Zip Code  
 Sergeant Bluff IA 51054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11AI.4234**  
 Amount of Each Receipt this Period  
 300.00  
 contribution

**B. Ryan Mathias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 110818  
 City State Zip Code  
 Anchorage AK 99511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self general contractor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : SA11AI.4258**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. William D. Mixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 Oak Avenue  
 City State Zip Code  
 Anna Maria FL 34216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mixon Fruit Farms, Inc. self  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2012  
**Transaction ID : SA11AI.4264**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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 15 OF 35
	<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)  
**Liberty Action PAC**

Full Name (Last, First, Middle Initial) <b>A. Terry Moe</b>		Date of Receipt 10 / 27 / 2012 <b>Transaction ID : SA11AI.4262</b>
Mailing Address 5307 NE Tram Line Road		Amount of Each Receipt this Period 250.00 contribution
City Arcadia	State FL	Zip Code 34266
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Nelson</b>		Date of Receipt 11 / 01 / 2012 <b>Transaction ID : SA11AI.4218</b>
Mailing Address 1145 Cross Creek Circle		Amount of Each Receipt this Period 500.00 contribution
City Altamonte Springs	State FL	Zip Code 32714
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self	Occupation accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Donald Reinhard</b>		Date of Receipt 11 / 02 / 2012 <b>Transaction ID : SA11AI.4199</b>
Mailing Address 75 Harvard Avenue		Amount of Each Receipt this Period 1000.00 contribution
City Palmerton	State PA	Zip Code 18071
FEC ID number of contributing federal political committee. C		contribution
Name of Employer Pencor Services, Inc.	Occupation semi-retired exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 16 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Liberty Action PAC**

Full Name (Last, First, Middle Initial) <b>A. Greg Shepherd</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address P.O. Box 1710		<b>Transaction ID : SA11AI.4201</b>
City Duncan	State OK	Zip Code 73533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Shepherd and Shepherd CPAS		contribution
Occupation certified public accountant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. James Sims</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 3223 Tyrol Lane		<b>Transaction ID : SA11AI.4205</b>
City Vestavia Hills	State AL	Zip Code 35216-4274
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer retired		contribution
Occupation retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Gregory Solovieff</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2012
Mailing Address 154 Three Chopt Road		<b>Transaction ID : SA11AI.4203</b>
City Littleton	State NC	Zip Code 27850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self		contribution
Occupation self		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 17 OF 35
	<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)  
**Liberty Action PAC**

**A. Harold Stevens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 530 West Avenue L  
City Lancaster State CA Zip Code 93534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Stevens Construction, Inc. Occupation Building contractor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 10 / 30 / 2012  
**Transaction ID : SA11AI.4214**  
Amount of Each Receipt this Period 600.00  
contribution

**B. Suzanna Veldhuis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1188 Meadowlark Court SW  
City Rochester State MN Zip Code 55902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation homemaker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 11 / 03 / 2012  
**Transaction ID : SA11AI.4260**  
Amount of Each Receipt this Period 250.00  
contribution

**C. Alice Villarreal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 Thelma Drive  
City San Antonio State TX Zip Code 78212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Villarreal Associates Occupation caregiver  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1100.00

Date of Receipt 11 / 03 / 2012  
**Transaction ID : SA11AI.4195**  
Amount of Each Receipt this Period 1100.00  
contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 1950.00  
**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 18 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Liberty Action PAC**

**A. Elizabeth Wareing**  
Full Name (Last, First, Middle Initial)

Mailing Address 3511 Del Monte

City Houston State TX Zip Code 77019

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

Name of Employer None Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11AI.4220**

Amount of Each Receipt this Period  
 500.00

contribution

**B. K Dean Willis**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 Williams & Broad Drive

City Brownsboro State AL Zip Code 35741-9313

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

Name of Employer Alabama Pain Center Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : SA11AI.4224**

Amount of Each Receipt this Period  
 500.00

contribution

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22350.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Liberty Action PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Grassroots Action, Inc</b>	Nature of Debt (Purpose): e-mail delivery Internet service fee
Mailing Address 90 Main Street	
City State Zip Code Maxwell IA 50161	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4274</b>	
Amount Incurred This Period 14484.91	Payment This Period 0.00	Outstanding Balance at Close of This Period 14484.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liberty Counsel</b>	Nature of Debt (Purpose): aggregate list rental charges
Mailing Address P.O. Box 540774	
City State Zip Code Orlando FL 32854	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4273</b>	
Amount Incurred This Period 51719.03	Payment This Period 0.00	Outstanding Balance at Close of This Period 51719.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liberty Counsel Action</b>	Nature of Debt (Purpose): e-mail list rental charges
Mailing Address P.O. Box 540629	
City State Zip Code Orlando FL 32854	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4276</b>	
Amount Incurred This Period 2257.53	Payment This Period 0.00	Outstanding Balance at Close of This Period 2257.53

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	68461.47
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Liberty Action PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Liberty Counsel Action</b>	Nature of Debt (Purpose): reimbursement for purchase of domain names at Network Solutions
Mailing Address P.O. Box 540629	
City State Zip Code Orlando FL 32854	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4277</b>	
Amount Incurred This Period <input type="text" value="303.92"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="303.92"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Synergy Direct Marketing Solutions, LLC</b>	Nature of Debt (Purpose): Get out the vote voice telephone broadcast to potential voters
Mailing Address 480 W. Tuscarawas Ave.	
City State Zip Code Barberton OH 44203	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4275</b>	
Amount Incurred This Period <input type="text" value="47389.30"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="47389.30"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="47693.22"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="116154.69"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="116154.69"/>

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Cornerstone Payment Systems</b>		Date MM / DD / YYYY <b>11 / 15 / 2012</b>
Mailing Address <b>1315 Euclid Avenue</b>		Amount <b>2791.82</b>
City <b>Boston</b>	State <b>VA</b>	
Zip Code <b>24201</b>	<b>Transaction ID : SE.4290</b>	
Purpose of Expenditure merchant account charges	Category/ Type	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: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>115716.57</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Grassroots Action, Inc</b>		Date MM / DD / YYYY <b>10 / 26 / 2012</b>
Mailing Address <b>90 Main Street</b>		Amount <b>2394.30</b>
City <b>Maxwell</b>	State <b>IA</b>	
Zip Code <b>50161</b>	<b>Transaction ID : SE.4109</b>	
Purpose of Expenditure e-mail blast in opposition of re-election of the president	Category/ Type	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: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2394.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>5186.12</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

*Mr. Deryl Madison Edwards*

Signature \_\_\_\_\_ [Electronically Filed]    Date **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00508598</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Grassroots Action, Inc</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">10 / 28 / 2012</span> </div>
Mailing Address <b>90 Main Street</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">2926.02</span> </div>
City <b>Maxwell</b> State <b>IA</b> Zip Code <b>50161</b>		
Purpose of Expenditure <b>e-mail blast</b>	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input type="checkbox"/> House    State: <b>VA</b> <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		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;"> <span style="font-size: 1.2em; font-weight: bold;">2926.02</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE.4116**

Full Name (Last, First, Middle Initial) of Payee <b>Grassroots Action, Inc</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">10 / 29 / 2012</span> </div>
Mailing Address <b>90 Main Street</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1386.82</span> </div>
City <b>Maxwell</b> State <b>IA</b> Zip Code <b>50161</b>		
Purpose of Expenditure <b>e-mail delivery</b>	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: <b>BARACK OBAMA</b>		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;"> <span style="font-size: 1.2em; font-weight: bold;">16990.80</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE.4126**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">4312.84</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </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*  
 Signature \_\_\_\_\_ [Electronically Filed]      Date 
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2012

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Grassroots Action, Inc</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 30 / 2012</b>
Mailing Address <b>90 Main Street</b>		Amount <span style="margin-left: 20px;">1375.51</span>
City <b>Maxwell</b>	State <b>IA</b>	
Zip Code <b>50161</b>	<b>Transaction ID : SE.4142</b>	
Purpose of Expenditure <b>e-mail delivery</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>53932.92</b></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Grassroots Action, Inc</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 31 / 2012</b>
Mailing Address <b>90 Main Street</b>		Amount <span style="margin-left: 20px;">1315.89</span>
City <b>Maxwell</b>	State <b>IA</b>	
Zip Code <b>50161</b>	<b>Transaction ID : SE.4149</b>	
Purpose of Expenditure <b>e-mail delivery</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>61453.35</b></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>2691.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

*Mr. Deryl Madison Edwards*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Grassroots Action, Inc</b>		Date MM / DD / YYYY <b>11 / 01 / 2012</b>
Mailing Address <b>90 Main Street</b>		Amount <b>1375.51</b>
City <b>Maxwell</b>	State <b>IA</b>	
Zip Code <b>50161</b>	<b>Transaction ID : SE.4156</b>	
Purpose of Expenditure <b>e-mail delivery</b>	Category/Type	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: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>68764.45</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Grassroots Action, Inc</b>		Date MM / DD / YYYY <b>11 / 02 / 2012</b>
Mailing Address <b>90 Main Street</b>		Amount <b>1209.01</b>
City <b>Maxwell</b>	State <b>IA</b>	
Zip Code <b>50161</b>	<b>Transaction ID : SE.4163</b>	
Purpose of Expenditure <b>e-mail delivery</b>	Category/Type	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: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>75628.24</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2584.52</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

*Mr. Deryl Madison Edwards*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00508598</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Grassroots Action, Inc</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">MM</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">DD</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">YYYY</span> </div>
Mailing Address <b>90 Main Street</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1195.16</span> </div>
City <b>Maxwell</b> State <b>IA</b> Zip Code <b>50161</b>	<b>Transaction ID : SE.4170</b>
Purpose of Expenditure e-mail delivery	Category/Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">82277.04</span> </div>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee <b>Grassroots Action, Inc</b>	Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">MM</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">DD</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">YYYY</span> </div>
Mailing Address <b>90 Main Street</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1306.69</span> </div>
City <b>Maxwell</b> State <b>IA</b> Zip Code <b>50161</b>	<b>Transaction ID : SE.4180</b>
Purpose of Expenditure e-mail delivery	Category/Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">98284.01</span> </div>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">2501.85</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </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*  
 Signature \_\_\_\_\_ [Electronically Filed]    Date 

MM / 
 DD / 
 YYYY

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel</b>		Date MM / DD / YYYY <b>10 / 28 / 2012</b>
Mailing Address P.O. Box 540774		Amount <b>12672.45</b>
City Orlando	State FL	
Zip Code 32854	<b>Transaction ID : SE.4117</b>	
Purpose of Expenditure e-mail list rental	Category/ Type	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 <b>15066.75</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address P.O. Box 540774		Amount <b>6002.78</b>
City Orlando	State FL	
Zip Code 32854	<b>Transaction ID : SE.4127</b>	
Purpose of Expenditure e-mail list rental	Category/ Type	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 <b>22993.58</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>18675.23</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

*Mr. Deryl Madison Edwards*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel</b>		Date MM / DD / YYYY <b>10 / 30 / 2012</b>
Mailing Address P.O. Box 540774		Amount <b>5992.22</b>
City Orlando	State FL	
Zip Code 32854	<b>Transaction ID : SE.4143</b>	
Purpose of Expenditure e-mail list rental	Category/ Type	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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>59925.14</b>		<b>2012</b>

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel</b>		Date MM / DD / YYYY <b>10 / 31 / 2012</b>
Mailing Address P.O. Box 540774		Amount <b>5669.19</b>
City Orlando	State FL	
Zip Code 32854	<b>Transaction ID : SE.4150</b>	
Purpose of Expenditure e-mail list rental	Category/ Type	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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>67122.54</b>		<b>2012</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>11661.41</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*Mr. Deryl Madison Edwards*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel</b>		Date MM / DD / YYYY <b>11 / 01 / 2012</b>
Mailing Address P.O. Box 540774		Amount <b>5400.23</b>
City Orlando	State FL	
Purpose of Expenditure e-mail list rental	Category/ Type	<b>Transaction ID : SE.4157</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
<b>74164.68</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel</b>		Date MM / DD / YYYY <b>11 / 02 / 2012</b>
Mailing Address P.O. Box 540774		Amount <b>5203.52</b>
City Orlando	State FL	
Purpose of Expenditure e-mail list rental	Category/ Type	<b>Transaction ID : SE.4164</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
<b>80831.76</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>10603.75</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

*Mr. Deryl Madison Edwards*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel</b>		Date MM / DD / YYYY <b>11 / 03 / 2012</b>
Mailing Address P.O. Box 540774		Amount <b>5148.75</b>
City Orlando	State FL	
Zip Code 32854	<b>Transaction ID : SE.4171</b>	
Purpose of Expenditure e-mail list rental	Category/ Type	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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>87425.79</b>		<b>2012</b>

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel</b>		Date MM / DD / YYYY <b>11 / 05 / 2012</b>
Mailing Address P.O. Box 540774		Amount <b>5629.89</b>
City Orlando	State FL	
Zip Code 32854	<b>Transaction ID : SE.4181</b>	
Purpose of Expenditure e-mail list rental	Category/ Type	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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>103913.90</b>		<b>2012</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>10778.64</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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Mr. Deryl Madison Edwards

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**



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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel Action</b>		Date MM / DD / YYYY <b>10 / 30 / 2012</b>
Mailing Address P.O. Box 540629		Amount <b>212.32</b>
City Orlando	State FL	
Zip Code 32854	<b>Transaction ID : SE.4144</b>	
Purpose of Expenditure e-mail list rental	Category/ Type	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 <b>60137.46</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel Action</b>		Date MM / DD / YYYY <b>10 / 31 / 2012</b>
Mailing Address P.O. Box 540629		Amount <b>266.40</b>
City Orlando	State FL	
Zip Code 32854	<b>Transaction ID : SE.4151</b>	
Purpose of Expenditure e-mail list rental	Category/ Type	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 <b>67388.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>478.72</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> 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.

*Mr. Deryl Madison Edwards*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel Action</b>		Date MM / DD / YYYY <b>11 / 01 / 2012</b>
Mailing Address P.O. Box 540629		Amount <b>254.55</b>
City Orlando	State FL	
Purpose of Expenditure e-mail list rental	Category/ Type	<b>Transaction ID : SE.4158</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
<b>74419.23</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<b>2012</b> <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel Action</b>		Date MM / DD / YYYY <b>11 / 02 / 2012</b>
Mailing Address P.O. Box 540629		Amount <b>250.12</b>
City Orlando	State FL	
Purpose of Expenditure e-mail list rental	Category/ Type	<b>Transaction ID : SE.4165</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
<b>81081.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<b>2012</b> <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>504.67</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*Mr. Deryl Madison Edwards*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**



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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Liberty Counsel Action</b>		Date MM / DD / YYYY <b>11 / 15 / 2012</b>
Mailing Address P.O. Box 540629		Amount <b>303.92</b>
City Orlando	State FL	
Zip Code 32854		<b>Transaction ID : SE.4294</b>
Purpose of Expenditure reimbursement of expense for purchase of Internet domain name	Category/Type	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 <b>116020.49</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Synergy Direct Marketing Solutions, LLC</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address 480 W. Tuscarawas Ave.		Amount <b>29311.06</b>
City Barberton	State OH	
Zip Code 44203		<b>Transaction ID : SE.4137</b>
Purpose of Expenditure telephone calls for get out the vote	Category/Type	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 <b>52557.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>29614.98</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> 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.

*Mr. Deryl Madison Edwards*

[Electronically Filed]

Date

MM / DD / YYYY
<b>12 / 06 / 2012</b>

Signature

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

NAME OF COMMITTEE (In Full) <b>Liberty Action PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Synergy Direct Marketing Solutions, LLC</b>		Date MM / DD / YYYY <b>11 / 03 / 2012</b>
Mailing Address 480 W. Tuscarawas Ave.		Amount <b>9309.46</b>
City Barberton	State OH	
Zip Code 44203	<b>Transaction ID : SE.4173</b>	
Purpose of Expenditure telephone calling to potential voters	Category/ Type	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 <b>96977.32</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Synergy Direct Marketing Solutions, LLC</b>		Date MM / DD / YYYY <b>11 / 05 / 2012</b>
Mailing Address 480 W. Tuscarawas Ave.		Amount <b>8768.78</b>
City Barberton	State OH	
Zip Code 44203	<b>Transaction ID : SE.4283</b>	
Purpose of Expenditure voice broadcast get out the vote	Category/ Type	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 <b>112924.75</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>18078.24</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>118946.51</b>

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 Mr. Deryl Madison Edwards      [Electronically Filed]      Date **12 / 06 / 2012**