24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
LIBERTY FOR ALL SUPER PAC	C C00514653
Check If 24-hour report 48-hour report New report Amends report	filed on 07 24 2012
Full Name (Last, First, Middle Initial) of Payee THIRD DIMENSION STRATEGIES LLC	Date
	07 23 Y 2012
Mailing Address 14525 CANTRELL RD STE 140	Amount
City State Zip Code	13009.20
LITTLE ROCK AR 72223	Transaction ID : SE.4110
Purpose of Expenditure TELEPHONE VOTER CONTACT Category/ Type	Office Sought: House State: MI Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure:	President
KERRY BENTIVOLIO	Check One: Support Oppose
	Disbursement For: Primary General O12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
THIRD DIMENSION STRATEGIES LLC	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 14525 CANTRELL RD STE 140	
00.	Amount
City State Zip Code LITTLE ROCK AR 72223	376.68
Purpose of Expenditure TELEPHONE VOTER CONTACT Category/ Type	Transaction ID : SE.4113 Office Sought: House State: MI Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure:	President
KERRY BENTIVOLIO	Check One: Support Oppose
	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	13385.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
CHRIS MARSTON [Electronically Filed] Data	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature Date	01 24 2012

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: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: F24A Transaction ID:

AMENDMENT FILED TO CORRECT AGGREGATE AMOUNT AND REFLECT ADDITIONAL EXPENDITURE

Form/Schedule: Transaction ID: