

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Liberty for All Action 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="2014"/>	<input type="text" value="4100.81"/>	<input type="text" value="4100.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="51205.56"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="314144.40"/>	<input type="text" value="591523.38"/>
(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="365349.96"/>	<input type="text" value="595624.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="258566.29"/>	<input type="text" value="488840.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="106783.67"/>	<input type="text" value="106783.67"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Liberty for All Action Fund

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	37250.00
(ii) Unitemized	7465.00	21938.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12465.00	59188.93
(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)	12465.00	59188.93
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	50000.00	103700.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	660.61	12975.80
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	251018.79	415658.65
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))..... ▶	314144.40	591523.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	314144.40	591523.38

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	165754.46	274302.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	165754.46	274302.88
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)	32616.83	32616.83
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	60000.00	60000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	195.00	195.00
(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)).....	195.00	195.00
29. Other Disbursements	0.00	121725.81
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)) ..	258566.29	488840.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	258566.29	488840.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	12465.00	59188.93
34. Total Contribution Refunds (from Line 28(d))	195.00	195.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12270.00	58993.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	165754.46	274302.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	660.61	12975.80
38. Net Operating Expenditures (subtract Line 37 from Line 36)	165093.85	261327.08

**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 48
(check only one)

<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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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 for All Action Fund

A. MR. STEVEN A. COLSON
Full Name (Last, First, Middle Initial)

Mailing Address 16 MT BETHEL RD. NO. 367

City WARREN	State NJ	Zip Code 07059-5604
----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11.1154

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B.
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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 48
(check only one)

<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 type="checkbox"/> 17
<input checked="" type="checkbox"/> 13								

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NAME OF COMMITTEE (In Full)
Liberty for All Action Fund

A. JOHN RAMSEY
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26141
City ALEXANDRIA State VA Zip Code 22313
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF Occupation INVESTOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 104039.01

Date of Receipt 09 / 15 / 2014
Transaction ID : SA13.327
Amount of Each Receipt this Period 50000.00
LOAN

B.
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
Amount of Each Receipt this Period

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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	50000.00

**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 8 OF 48
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Liberty for All Action Fund

A. AARON NOSBICH
Full Name (Last, First, Middle Initial)

Mailing Address 8818 TRAVIS HILLS DR APT 712

City AUSTIN	State TX	Zip Code 78735
----------------	-------------	-------------------

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.60

Date of Receipt
MM / DD / YYYY
07 / 01 / 2014

Transaction ID : SA15.330

Amount of Each Receipt this Period
321.60

REIMBURSEMENT CHECK NEVER CASHED

B. JOHN RAMSEY
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313
--------------------	-------------	-------------------

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

Name of Employer SELF	Occupation INVESTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 104039.01

Date of Receipt
MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SA15.351

Amount of Each Receipt this Period
339.01

REFUND OF UNINTENTIONAL DEBIT CARD TRANS

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	660.61
TOTAL This Period (last page this line number only).....▶	660.61

**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 9 OF 48
<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)
Liberty for All Action Fund

A. MR. E. DAVISON MASSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 CHESTNUT ST
 City WINNETKA State IL Zip Code 60093-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250000.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : SA11.1148
 Amount of Each Receipt this Period **250000.00**
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CONSERVATIVE CONNECTOR LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 E MAIN ST STE 250
 City GREENWOOD State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1864.60**

Date of Receipt **07 / 17 / 2014**
Transaction ID : SA17.230
 Amount of Each Receipt this Period **150.00**
 LIST RENTAL

C. CONSERVATIVE CONNECTOR LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 E MAIN ST STE 250
 City GREENWOOD State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1864.60**

Date of Receipt **08 / 21 / 2014**
Transaction ID : SA17.231
 Amount of Each Receipt this Period **500.00**
 LIST RENTAL

SUBTOTAL of Receipts This Page (optional).....	250650.00
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 10 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Liberty for All Action Fund

A. CONSERVATIVE CONNECTOR LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 E MAIN ST
 STE 250
 City Greenwood State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1864.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : SA17.329
 Amount of Each Receipt this Period
 193.76
 LIST RENTAL

B. CONSERVATIVE CONNECTOR LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 E MAIN ST
 STE 250
 City Greenwood State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1864.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : SA17.331
 Amount of Each Receipt this Period
 175.00
 LIST RENTAL

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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	368.76
TOTAL This Period (last page this line number only).....▶	251018.76

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. ANNE CASTEEL

Mailing Address 2226 WESTLAKE DR
#2-7

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SB21B.I303

Amount of Each Disbursement this Period

192.38

Full Name (Last, First, Middle Initial)

B. ANNE CASTEEL

Mailing Address 2226 WESTLAKE DR
#2-7

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SB21B.I306

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. ANNE CASTEEL

Mailing Address 2226 WESTLAKE DR
#2-7

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SB21B.I309

Amount of Each Disbursement this Period

4000.00

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

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

8192.38

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. ANNE CASTEEL

Mailing Address 2226 WESTLAKE DR
#2-7

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : SB21B.I312

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. ANNE CASTEEL

Mailing Address 2226 WESTLAKE DR
#2-7

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2014

Transaction ID : SB21B.I315

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ANNE CASTEEL

Mailing Address 2226 WESTLAKE DR
#2-7

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2014

Transaction ID : SB21B.I318

Amount of Each Disbursement this Period

2500.00

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

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

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. ANNE CASTEEL

Mailing Address 2226 WESTLAKE DR
#2-7

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : SB21B.I321

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : SB21B.I304

Amount of Each Disbursement this Period

156.92

Category/
Type

Full Name (Last, First, Middle Initial)

C. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB21B.I305

Amount of Each Disbursement this Period

69.38

Category/
Type

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

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

2726.30

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : SB21B.I307

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2014

Transaction ID : SB21B.I310

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : SB21B.I313

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2014

Transaction ID : SB21B.I316

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2014

Transaction ID : SB21B.I319

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : SB21B.I322

Amount of Each Disbursement this Period

3000.00

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

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

9000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. AARON PRICE

Mailing Address 1609 GREY OWL CT

City LOUISVILLE State KY Zip Code 40223

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : SB21B.I308

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

B. AARON PRICE

Mailing Address 1609 GREY OWL CT

City LOUISVILLE State KY Zip Code 40223

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

Transaction ID : SB21B.I311

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

C. AARON PRICE

Mailing Address 1609 GREY OWL CT

City LOUISVILLE State KY Zip Code 40223

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Transaction ID : SB21B.I314

Amount of Each Disbursement this Period

3750.00

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

11250.00

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

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**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. AARON PRICE

Mailing Address 1609 GREY OWL CT

City LOUISVILLE State KY Zip Code 40223

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2014

Transaction ID : SB21B.I317

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

B. AARON PRICE

Mailing Address 1609 GREY OWL CT

City LOUISVILLE State KY Zip Code 40223

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2014

Transaction ID : SB21B.I320

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

C. AARON PRICE

Mailing Address 1609 GREY OWL CT

City LOUISVILLE State KY Zip Code 40223

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : SB21B.I323

Amount of Each Disbursement this Period

3750.00

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

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

11250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. JOHN RAMSEY

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
ACCIDENTAL ATM CHARGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB21B.I324

Amount of Each Disbursement this Period

231.17

Full Name (Last, First, Middle Initial)

B. JOHN RAMSEY

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
ACCIDENTAL ATM CHARGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I325

Amount of Each Disbursement this Period

76.14

Full Name (Last, First, Middle Initial)

C. JOHN RAMSEY

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
ACCIDENTAL ATM CHARGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I326

Amount of Each Disbursement this Period

21.70

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

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

329.01

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. BILL.COM

Mailing Address 3200 ASH ST

City PALO ALTO State CA Zip Code 94306

Purpose of Disbursement
ACCOUNTS PAYABLE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : SB21B.I273

Amount of Each Disbursement this Period

33.65

Full Name (Last, First, Middle Initial)

B. BILL.COM

Mailing Address 3200 ASH ST

City PALO ALTO State CA Zip Code 94306

Purpose of Disbursement
ACCOUNTS PAYABLE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : SB21B.I286

Amount of Each Disbursement this Period

34.81

Full Name (Last, First, Middle Initial)

C. BILL.COM

Mailing Address 3200 ASH ST

City PALO ALTO State CA Zip Code 94306

Purpose of Disbursement
ACCOUNTS PAYABLE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : SB21B.I299

Amount of Each Disbursement this Period

35.92

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

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

104.38

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. CASE CONSULTING SERVICE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Mailing Address 700 MILLER AVE

Transaction ID : SB21B.I242

City State Zip Code
GREAT FALLS VA 22066

Amount of Each Disbursement this Period

24000.00

Purpose of Disbursement
FUNDRAISING CONSULING

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Mailing Address 1593 SPRING HILL RD
SUITE 400

Transaction ID : SB21B.I250

City State Zip Code
TYSONS CORNER VA 22182

Amount of Each Disbursement this Period

780.00

Purpose of Disbursement
DIRECT MAIL SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Mailing Address 1593 SPRING HILL RD
SUITE 400

Transaction ID : SB21B.I251

City State Zip Code
TYSONS CORNER VA 22182

Amount of Each Disbursement this Period

1057.00

Purpose of Disbursement
DIRECT MAIL SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

25837.00

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

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**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DIRECT MAIL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I258

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DIRECT MAIL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I261

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I267

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : **SB21B.I271**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : **SB21B.I285**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : **SB21B.I298**

Amount of Each Disbursement this Period

500.00

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

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

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICES

Mailing Address 2 CONCOURSE PKWY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : SB21B.I263

Amount of Each Disbursement this Period

47.99

Full Name (Last, First, Middle Initial)

B. ELECTIONCFO, LLC

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : SB21B.I233

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ELECTIONCFO, LLC

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2014

Transaction ID : SB21B.I244

Amount of Each Disbursement this Period

4018.42

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

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

6066.41

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. FREEDOM PARTNERS

Mailing Address 2200 WILSON BLVD, STE 102-533

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
SEMINAR FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : SB21B.I249

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : SB21B.I264

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2014

Transaction ID : SB21B.I277

Amount of Each Disbursement this Period

55.00

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

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

1610.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.I293

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

B. HALEY O'NEILL LLC

Mailing Address PO BOX 16015

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB21B.I237

Amount of Each Disbursement this Period

7000.00

Full Name (Last, First, Middle Initial)

C. HOLTZMAN VOGEL JOSEFIK PLLC

Mailing Address 45 N HILL DR
STE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : SB21B.I232

Amount of Each Disbursement this Period

1693.75

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

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

8748.75

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. HOLTZMAN VOGEL JOSEFIK PLLC

Mailing Address 45 N HILL DR
STE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : SB21B.I253

Amount of Each Disbursement this Period

1025.00

Full Name (Last, First, Middle Initial)

B. INCORP SERVICES INC

Mailing Address PO BOX 94438

City LAS VEGAS State NV Zip Code 89193

Purpose of Disbursement
REGISTERED AGENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2014

Transaction ID : SB21B.I245

Amount of Each Disbursement this Period

118.00

Full Name (Last, First, Middle Initial)

C. INCORP SERVICES INC

Mailing Address PO BOX 94438

City LAS VEGAS State NV Zip Code 89193

Purpose of Disbursement
REGISTERED AGENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.I247

Amount of Each Disbursement this Period

153.00

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

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

1296.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ACCOUNTING SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : SB21B.I274

Amount of Each Disbursement this Period

429.95

Full Name (Last, First, Middle Initial)

B. KAP STRATEGIES

Mailing Address 229 EVANS LN

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB21B.I241

Amount of Each Disbursement this Period

4725.00

Full Name (Last, First, Middle Initial)

C. KAP STRATEGIES

Mailing Address 229 EVANS LN

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
DIRECT MAIL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : SB21B.I347

Amount of Each Disbursement this Period

2885.00

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

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

8039.95

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. KAP STRATEGIES

Mailing Address 229 EVANS LN

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
DIRECT MAIL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : SB21B.I348

Amount of Each Disbursement this Period

1130.00

Full Name (Last, First, Middle Initial)

B. KAP STRATEGIES

Mailing Address 229 EVANS LN

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I349

Amount of Each Disbursement this Period

16614.92

Full Name (Last, First, Middle Initial)

C. KAP STRATEGIES

Mailing Address 229 EVANS LN

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
DIRECT MAIL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : SB21B.I350

Amount of Each Disbursement this Period

2400.00

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

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

20144.92

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. KNOWNHOST LLC

Mailing Address 1379 DILWORTHTOWN XING STE 214

City WEST CHESTER State PA Zip Code 19382

Purpose of Disbursement
WEBSITE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB21B.I272

Amount of Each Disbursement this Period

164.50

Full Name (Last, First, Middle Initial)

B. MANDO MEDIA LTD

Mailing Address 1112 WILLOW SPRINGS DR

City LOUISVILLE State KY Zip Code 78753

Purpose of Disbursement
IT SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB21B.I238

Amount of Each Disbursement this Period

922.50

Full Name (Last, First, Middle Initial)

C. MANDO MEDIA LTD

Mailing Address 1112 WILLOW SPRINGS DR

City LOUISVILLE State KY Zip Code 78753

Purpose of Disbursement
IT SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : SB21B.I243

Amount of Each Disbursement this Period

157.50

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

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

1244.50

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. MERCHANT E-SOLUTIONS

Mailing Address 3600 BRIDGE PKWY, SUITE 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I265

Amount of Each Disbursement this Period

46.92

Full Name (Last, First, Middle Initial)

B. MERCHANT E-SOLUTIONS

Mailing Address 3600 BRIDGE PKWY, SUITE 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I266

Amount of Each Disbursement this Period

95.13

Full Name (Last, First, Middle Initial)

C. MERCHANT E-SOLUTIONS

Mailing Address 3600 BRIDGE PKWY, SUITE 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2014

Transaction ID : SB21B.I280

Amount of Each Disbursement this Period

47.19

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

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

189.24

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. MERCHANT E-SOLUTIONS

Mailing Address 3600 BRIDGE PKWY, SUITE 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2014

Transaction ID : SB21B.I281

Amount of Each Disbursement this Period

190.03

Full Name (Last, First, Middle Initial)

B. MERCHANT E-SOLUTIONS

Mailing Address 3600 BRIDGE PKWY, SUITE 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2014

Transaction ID : SB21B.I291

Amount of Each Disbursement this Period

45.87

Full Name (Last, First, Middle Initial)

C. MERCHANT E-SOLUTIONS

Mailing Address 3600 BRIDGE PKWY, SUITE 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2014

Transaction ID : SB21B.I292

Amount of Each Disbursement this Period

55.00

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

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

290.90

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Mailing Address 95 EDDY RD #101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
NON-FEDERAL CANDIDATE ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB21B.I290

Amount of Each Disbursement this Period

17612.16

Full Name (Last, First, Middle Initial)

B. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : SB21B.I254

Amount of Each Disbursement this Period

286.87

Full Name (Last, First, Middle Initial)

C. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : SB21B.I255

Amount of Each Disbursement this Period

33.88

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

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

17932.91

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**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 17 / 2014

Transaction ID : **SB21B.I269**

Amount of Each Disbursement this Period: 286.88

Full Name (Last, First, Middle Initial)

B. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement PAYROLL PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 17 / 2014

Transaction ID : **SB21B.I270**

Amount of Each Disbursement this Period: 33.88

Full Name (Last, First, Middle Initial)

C. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement PAYROLL PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 01 / 2014

Transaction ID : **SB21B.I275**

Amount of Each Disbursement this Period: 33.88

SUBTOTAL of Disbursements This Page (optional)..... ▶ 354.64

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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : SB21B.I276

Amount of Each Disbursement this Period

286.87

Full Name (Last, First, Middle Initial)

B. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2014

Transaction ID : SB21B.I283

Amount of Each Disbursement this Period

286.88

Full Name (Last, First, Middle Initial)

C. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2014

Transaction ID : SB21B.I284

Amount of Each Disbursement this Period

33.88

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

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

607.63

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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SB21B.I288

Amount of Each Disbursement this Period

33.88

Full Name (Last, First, Middle Initial)

B. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SB21B.I289

Amount of Each Disbursement this Period

286.87

Full Name (Last, First, Middle Initial)

C. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

Transaction ID : SB21B.I295

Amount of Each Disbursement this Period

286.88

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

607.63

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. SUREPAYROLL

Mailing Address 2350 RAVINE WAY
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : SB21B.I296

Amount of Each Disbursement this Period

33.88

Category/
Type

Full Name (Last, First, Middle Initial)

B. US POSTAL SERVICE

Mailing Address 475 L'ENFANT PLZ

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014

Transaction ID : SB21B.I297

Amount of Each Disbursement this Period

10.10

Category/
Type

Full Name (Last, First, Middle Initial)

C. VICI MEDIA GROUP

Mailing Address 816 BIG WOODS RD

City LONGVIEW State TX Zip Code 75605

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SB21B.I235

Amount of Each Disbursement this Period

2500.00

Category/
Type

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

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

2543.98

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. VICI MEDIA GROUP

Mailing Address 816 BIG WOODS RD

City LONGVIEW State TX Zip Code 75605

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB21B.I239

Amount of Each Disbursement this Period

6665.00

B. WELLS FARGO

Full Name (Last, First, Middle Initial)

Mailing Address 420 MONTGOMERY ST

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement
BANK CHARGE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : SB21B.I268

Amount of Each Disbursement this Period

101.47

C. WELLS FARGO

Full Name (Last, First, Middle Initial)

Mailing Address 420 MONTGOMERY ST

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2014

Transaction ID : SB21B.I282

Amount of Each Disbursement this Period

83.08

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

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

6849.55

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. WELLS FARGO

Mailing Address 420 MONTGOMERY ST

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SB21B.I287

Amount of Each Disbursement this Period

6.00

Full Name (Last, First, Middle Initial)

B. WELLS FARGO

Mailing Address 420 MONTGOMERY ST

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014

Transaction ID : SB21B.I294

Amount of Each Disbursement this Period

71.11

Full Name (Last, First, Middle Initial)

C. WELLS FARGO

Mailing Address 420 MONTGOMERY ST

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SB21B.I300

Amount of Each Disbursement this Period

5.00

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

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

82.11

**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"/> 24	<input type="checkbox"/> 25	<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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. WELLS FARGO

Mailing Address 420 MONTGOMERY ST

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I301

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. WELLS FARGO

Mailing Address 420 MONTGOMERY ST

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I302

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. JOHN RAMSEY

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
LOAN REPAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2014

Transaction ID : SB26.I328

Amount of Each Disbursement this Period

60000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

60000.00

60000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Liberty for All Action Fund

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICES

Mailing Address 2 CONCOURSE PKWY
STE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SB28A.I352

Amount of Each Disbursement this Period

195.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

195.00

195.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty for All Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00514653
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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EL TORO INTERNET MARKETING NON-CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2014
Mailing Address 300 DISTILLERY COMMONS STE 470	Amount 1500.00
City State Zip Code LOUISVILLE KY 40206	Transaction ID : SE24.234 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Purpose of Expenditure INTERNET ADVERTISING	Category/Type
Name of Federal Candidate ANDREW WALTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>09</u> <input type="checkbox"/> President State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought 31490.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EL TORO INTERNET MARKETING NON-CONTRIBUTION ACCOUNT	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 06 / 2014
Mailing Address 300 DISTILLERY COMMONS STE 470	Amount 3000.00
City State Zip Code LOUISVILLE KY 40206	Transaction ID : SE24.252 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014
Purpose of Expenditure INTERNET ADVERTISING	Category/Type
Name of Federal Candidate ANDREW WALTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>09</u> <input type="checkbox"/> President State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought 31490.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 4500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty for All Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00514653
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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee KAP STRATEGIES	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Mailing Address 229 EVANS LN	Amount 542.10
City ALEXANDRIA State VA Zip Code 22305	Transaction ID : SE24.335 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Purpose of Expenditure VOTER TELEPHONE CONTACT Category/Type []	Name of Federal Candidate ANDREW WALTER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought [] 31490.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee KAP STRATEGIES	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Mailing Address 229 EVANS LN	Amount 563.00
City ALEXANDRIA State VA Zip Code 22305	Transaction ID : SE24.345 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Purpose of Expenditure VOTER TELEPHONE CONTACT Category/Type []	Name of Federal Candidate JUSTIN AMASH <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought [] 1126.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	[] 1105.10
(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] Date M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Liberty for All Action Fund
FEC IDENTIFICATION NUMBER
C C00514653
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
KAP STRATEGIES
Mailing Address
229 EVANS LN
City
ALEXANDRIA State
VA Zip Code
22305
Purpose of Expenditure
VOTER TELEPHONE CONTACT
Category/Type
Name of Federal Candidate
JUSTIN AMASH
Support
Office Sought: House District: 03 State: MI
Calendar Year-To-Date
Per Election for Office Sought
1126.00

Date of Public Distribution/Dissemination
08 / 03 / 2014
Amount
563.00
Transaction ID : SE24.346
Date of Disbursement or Obligation
08 / 03 / 2014
Disbursement For: Primary General
Other (specify)

Full Name of Payee
KAP STRATEGIES
Mailing Address
229 EVANS LN
City
ALEXANDRIA State
VA Zip Code
22305
Purpose of Expenditure
VOTER MAIL
Category/Type
Name of Federal Candidate
ANDREW WALTER
Support
Office Sought: House District: 09 State: AZ
Calendar Year-To-Date
Per Election for Office Sought
31490.83

Date of Public Distribution/Dissemination
08 / 05 / 2014
Amount
6950.00
Transaction ID : SE24.343
Date of Disbursement or Obligation
08 / 05 / 2014
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7513.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
CHRIS MARSTON
[Electronically Filed]
Date 08 / 03 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty for All Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00514653
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		M M M / D D D / Y Y Y Y Y Y

Full Name of Payee KAP STRATEGIES		
Mailing Address 229 EVANS LN		
City ALEXANDRIA	State VA	Zip Code 22305
Purpose of Expenditure VOTER TELEPHONE CONTACT		Category/Type
Name of Federal Candidate ANDREW WALTER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		31490.83

Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 06 / 2014
Amount 542.10
Transaction ID : SE24.336
Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 06 / 2014
Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee KAP STRATEGIES		
Mailing Address 229 EVANS LN		
City ALEXANDRIA	State VA	Zip Code 22305
Purpose of Expenditure VOTER TELEPHONE CONTACT		Category/Type
Name of Federal Candidate ANDREW WALTER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		31490.83

Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2014
Amount 1050.00
Transaction ID : SE24.337
Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2014
Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1592.10
(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
Signature

[Electronically Filed]

Date **08 / 06 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty for All Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00514653
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee KAP STRATEGIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 18 / 2014
Mailing Address 229 EVANS LN	Amount 1050.00
City ALEXANDRIA State VA Zip Code 22305	Transaction ID : SE24.338 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2014
Purpose of Expenditure VOTER TELEPHONE CONTACT	Category/Type
Name of Federal Candidate ANDREW WALTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President State: AZ
Calendar Year-To-Date Per Election for Office Sought 31490.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee KAP STRATEGIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 19 / 2014
Mailing Address 229 EVANS LN	Amount 12656.63
City ALEXANDRIA State VA Zip Code 22305	Transaction ID : SE24.344 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 19 / 2014
Purpose of Expenditure VOTER MAIL	Category/Type
Name of Federal Candidate ANDREW WALTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President State: AZ
Calendar Year-To-Date Per Election for Office Sought 31490.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13706.63
(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] Date M M / D D / Y Y Y Y Y Y
08 / 18 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty for All Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00514653
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee KAP STRATEGIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 21 / 2014
Mailing Address 229 EVANS LN	Amount 1050.00
City ALEXANDRIA State VA Zip Code 22305	Transaction ID : SE24.339 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 21 / 2014
Purpose of Expenditure VOTER TELEPHONE CONTACT	Category/Type
Name of Federal Candidate ANDREW WALTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 31490.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee KAP STRATEGIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2014
Mailing Address 229 EVANS LN	Amount 1050.00
City ALEXANDRIA State VA Zip Code 22305	Transaction ID : SE24.340 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 23 / 2014
Purpose of Expenditure VOTER TELEPHONE CONTACT	Category/Type
Name of Federal Candidate ANDREW WALTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 31490.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 21 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty for All Action Fund	FEC IDENTIFICATION NUMBER ▼ C C00514653
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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee KAP STRATEGIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 24 / 2014
Mailing Address 229 EVANS LN	Amount 1050.00
City ALEXANDRIA State VA Zip Code 22305	Transaction ID : SE24.341
Purpose of Expenditure VOTER TELEPHONE CONTACT	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 24 / 2014
Name of Federal Candidate ANDREW WALTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: AZ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 31490.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee KAP STRATEGIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 25 / 2014
Mailing Address 229 EVANS LN	Amount 1050.00
City ALEXANDRIA State VA Zip Code 22305	Transaction ID : SE24.342
Purpose of Expenditure VOTER TELEPHONE CONTACT	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 2014
Name of Federal Candidate ANDREW WALTER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: AZ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 31490.83	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	32616.83

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

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
08 / 24 / 2014