

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Liberty for All Action Fund

ADDRESS (number and street) PO Box 25394  
 Check if different than previously reported. (ACC) Alexandria VA 22313

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00514653 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2015

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

Signature of Treasurer Christopher M Marston [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Liberty 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="2015"/>	<input type="text" value="15884.12"/>	<input type="text" value="15884.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15884.12"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="233156.62"/>	<input type="text" value="233156.62"/>
(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="249040.74"/>	<input type="text" value="249040.74"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="229611.13"/>	<input type="text" value="229611.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19429.61"/>	<input type="text" value="19429.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="76200.00"/>	

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).....	11600.00	11600.00
(ii) Unitemized .....	115.00	115.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11715.00	11715.00
(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) .....	11715.00	11715.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	38000.00	38000.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	153.38	153.38
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	183288.24	183288.24
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))..... ▶	233156.62	233156.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	233156.62	233156.62

**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 .....	698.90	698.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	698.90	698.90
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) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	45000.00	45000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	183912.23	183912.23
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)) ..	229611.13	229611.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	229611.13	229611.13

**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) .....	11715.00	11715.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11715.00	11715.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	698.90	698.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	153.38	153.38
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	545.52	545.52

**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 68  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. PETER FARRELL**  
 Mailing Address 7220 ROMERO DR  
 City State Zip Code  
 LA JOLLA CA 92037-5633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RESMED EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : SA11.1195**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KEVIN SPIERS**  
 Mailing Address P.O. BOX 164123  
 City State Zip Code  
 AUSTIN TX 78716-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PGA PROFESSIONAL INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2015  
**Transaction ID : SA11.1179**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KEVIN SPIERS**  
 Mailing Address P.O. BOX 164123  
 City State Zip Code  
 AUSTIN TX 78716-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PGA PROFESSIONAL INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2015  
**Transaction ID : SA11.1182**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 10200.00  
**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 7 OF 68  
(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. KEVIN SPIERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 164123  
 City AUSTIN State TX Zip Code 78716-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PGA PROFESSIONAL Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : SA11.1183**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. KEVIN SPIERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 164123  
 City AUSTIN State TX Zip Code 78716-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PGA PROFESSIONAL Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 16 / 2015  
**Transaction ID : SA11.1186**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. KEVIN SPIERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 164123  
 City AUSTIN State TX Zip Code 78716-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PGA PROFESSIONAL Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 16 / 2015  
**Transaction ID : SA11.1188**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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 8 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. KEVIN SPIERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 164123

City AUSTIN	State TX	Zip Code 78716-
----------------	-------------	--------------------

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

Name of Employer PGA PROFESSIONAL	Occupation INFORMATION REQUESTED PER BEST EFF
--------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : SA11.1194**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. NICK STORK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 48 PARKS DRIVE

City SHERBORN	State MA	Zip Code 01770-1226
------------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2015

**Transaction ID : SA11.1187**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11600.00



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

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

FOR LINE NUMBER: PAGE 9 OF 68  
(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. JOHN RAMSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. 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 ▼ 38000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2015  
**Transaction ID : SA13.451**  
 Amount of Each Receipt this Period  
 1000.00  
 LOAN

**B. JOHN RAMSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. 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 ▼ 38000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : SA13.452**  
 Amount of Each Receipt this Period  
 10000.00  
 LOAN

**C. JOHN RAMSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. 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 ▼ 38000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2015  
**Transaction ID : SA13.457**  
 Amount of Each Receipt this Period  
 12000.00  
 LOAN

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 23000.00  
**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 68  
(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 P.O. 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 **38000.00**

Date of Receipt **06 / 11 / 2015**  
**Transaction ID : SA13.458**  
Amount of Each Receipt this Period **15000.00**  
**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>38000.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 68
<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**

Full Name (Last, First, Middle Initial)  
**A. MR. RICHARD LEE**

Mailing Address P.O. BOX 2113

City State Zip Code  
ORLANDO FL 32802-2113

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

Name of Employer Occupation  
FAMLEE INVESTMENT CO. EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2015  
**Transaction ID : SA11.1184**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. CONSERVATIVE CONNECTOR LLC**

Mailing Address 425 E MAIN ST  
STE 250

City State Zip Code  
GREENWOOD IN 46143

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7544.09

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2015  
**Transaction ID : SA17.412**

Amount of Each Receipt this Period  
1261.75

LIST RENTAL

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

Mailing Address 425 E MAIN ST  
STE 250

City State Zip Code  
GREENWOOD IN 46143

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7544.09

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2015  
**Transaction ID : SA17.442**

Amount of Each Receipt this Period  
750.00

LIST RENTAL INCOME

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12011.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 68
<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. 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 ▼  
7544.09

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2015

**Transaction ID : SA17.443**

Amount of Each Receipt this Period  
1344.75

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 ▼  
7544.09

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2015

**Transaction ID : SA17.445**

Amount of Each Receipt this Period  
103.24

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 ▼  
7544.09

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2015

**Transaction ID : SA17.446**

Amount of Each Receipt this Period  
125.00

LIST RENTAL

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1572.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 68
<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. 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 ▼  
7544.09

Date of Receipt  
06 / 11 / 2015  
**Transaction ID : SA17.448**

Amount of Each Receipt this Period  
3959.35

LIST RENTAL

**B. LIBERTY FOR ALL INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 25394

City ALEXANDRIA State VA Zip Code 22313-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
65714.05

Date of Receipt  
02 / 11 / 2015  
**Transaction ID : SA11.1198**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. LIBERTY FOR ALL INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 25394

City ALEXANDRIA State VA Zip Code 22313-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
65714.05

Date of Receipt  
02 / 12 / 2015  
**Transaction ID : SA11.1199**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 53959.35

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 68
<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**

Full Name (Last, First, Middle Initial) <b>A. LIBERTY FOR ALL INC.</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2015
Mailing Address P.O. BOX 25394		<b>Transaction ID : SA11.1204</b>
City ALEXANDRIA	State VA	Zip Code 22313-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5679.05
Name of Employer	Occupation	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65714.05	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. LIBERTY FOR ALL INC.</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2015
Mailing Address P.O. BOX 25394		<b>Transaction ID : SA11.1205</b>
City ALEXANDRIA	State VA	Zip Code 22313-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10035.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65714.05	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. STERLING FOUNDATION MANAGEMENT</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015
Mailing Address 2325 DULLES CORNER BLVD STE 670		<b>Transaction ID : SA11.1203</b>
City HERNDON	State VA	Zip Code 20171-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115714.05
<b>TOTAL</b> This Period (last page this line number only).....▶	183258.14

# 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 STE 400  
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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

Transaction ID : SB21B.I444

Amount of Each Disbursement this Period

575.18
--------

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

--

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

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

575.18
--------

575.18
--------

**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 P.O. 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

/  /

**Transaction ID : SB26.I470**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JOHN RAMSEY**

Mailing Address P.O. 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

/  /

**Transaction ID : SB26.I471**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOHN RAMSEY**

Mailing Address P.O. 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

/  /

**Transaction ID : SB26.I472**

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 P.O. 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 / D D / Y Y Y Y Y Y  
04 / 17 / 2015

**Transaction ID : SB26.I473**

Amount of Each Disbursement this Period

10000.00

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)..... ▶

10000.00

45000.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

Purpose of Disbursement  
FINANCE 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  
02 / 26 / 2015

Transaction ID : **SB29.I465**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

Purpose of Disbursement  
FINANCE 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  
04 / 13 / 2015

Transaction ID : **SB29.I466**

Amount of Each Disbursement this Period

242.65

Full Name (Last, First, Middle Initial)

**C. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

Purpose of Disbursement  
FINANCE 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  
04 / 22 / 2015

Transaction ID : **SB29.I467**

Amount of Each Disbursement this Period

157.57

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

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

1400.22

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I468**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I601**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I607**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

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 Y  
04 / 13 / 2015

Transaction ID : SB29.I613

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

**B. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

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 Y  
05 / 01 / 2015

Transaction ID : SB29.I619

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

**C. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

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 Y  
05 / 15 / 2015

Transaction ID : SB29.I625

Amount of Each Disbursement this Period

1750.00

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

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

5250.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I631**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. AMANDA ANDERSON**

Mailing Address 1712 E RIVERSIDE DR  
APT 334

City AUSTIN State TX Zip Code 78741

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I637**

Amount of Each Disbursement this Period

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  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I581**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I586**

Amount of Each Disbursement this Period

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  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I591**

Amount of Each Disbursement this Period

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  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I596**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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  
FINANCE 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  
03 / 16 / 2015

Transaction ID : **SB29.I602**

Amount of Each Disbursement this Period

2500.00

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  
FINANCE 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  
04 / 01 / 2015

Transaction ID : **SB29.I608**

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  
FINANCE 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  
04 / 13 / 2015

Transaction ID : **SB29.I614**

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 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 checked="" 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  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I620**

Amount of Each Disbursement this Period

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  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I626**

Amount of Each Disbursement this Period

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  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I632**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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  
FINANCE 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  
06 / 16 / 2015

Transaction ID : **SB29.I638**

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. JARED CHICOINE**

Mailing Address 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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  
04 / 22 / 2015

Transaction ID : **SB29.I469**

Amount of Each Disbursement this Period

1094.00

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

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  
04 / 21 / 2015

Transaction ID : **SB29.I643**

Amount of Each Disbursement this Period

1094.00

**[MEMO ITEM]**  
TRAVEL

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

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

2344.00

# 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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2015

Transaction ID : SB29.I582

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

### B. JARED CHICOINE

Mailing Address 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2015

Transaction ID : SB29.I587

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

### C. JARED CHICOINE

Mailing Address 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2015

Transaction ID : SB29.I592

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 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 checked="" 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 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

M M M /  D D D /  Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : **SB29.I597**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. JARED CHICOINE**

Mailing Address 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

M M M /  D D D /  Y Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : **SB29.I603**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. JARED CHICOINE**

Mailing Address 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

M M M /  D D D /  Y Y Y Y Y Y  
04 / 01 / 2015

Transaction ID : **SB29.I609**

Amount of Each Disbursement this Period

3000.00

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

9000.00

**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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

/  /

**Transaction ID : SB29.I615**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JARED CHICOINE**

Mailing Address 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

/  /

**Transaction ID : SB29.I621**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JARED CHICOINE**

Mailing Address 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

/  /

**Transaction ID : SB29.I627**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

/  /

**Transaction ID : SB29.I633**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JARED CHICOINE**

Mailing Address 181 BENTON RD  
UNIT 18

City NORTH HAVERHILL State NH Zip Code 03774

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

/  /

**Transaction ID : SB29.I639**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. AARON PRICE**

Mailing Address 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I583**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

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  
01 / 30 / 2015

Transaction ID : **SB29.I588**

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

**B. AARON PRICE**

Mailing Address 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

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  
02 / 13 / 2015

Transaction ID : **SB29.I593**

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

**C. AARON PRICE**

Mailing Address 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

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  
02 / 27 / 2015

Transaction ID : **SB29.I598**

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 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 checked="" 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 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

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 Y
03	/	16	/	2015

Transaction ID : SB29.I604

Amount of Each Disbursement this Period

3750.00
---------

Full Name (Last, First, Middle Initial)

**B. AARON PRICE**

Mailing Address 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

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 Y
04	/	01	/	2015

Transaction ID : SB29.I610

Amount of Each Disbursement this Period

3750.00
---------

Full Name (Last, First, Middle Initial)

**C. AARON PRICE**

Mailing Address 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

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 Y
04	/	13	/	2015

Transaction ID : SB29.I616

Amount of Each Disbursement this Period

3750.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11250.00
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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 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 checked="" 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 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

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 Y  
05 / 01 / 2015

Transaction ID : SB29.I622

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

**B. AARON PRICE**

Mailing Address 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

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 Y  
05 / 15 / 2015

Transaction ID : SB29.I628

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

**C. AARON PRICE**

Mailing Address 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

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 Y  
06 / 01 / 2015

Transaction ID : SB29.I634

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 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 checked="" 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 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

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  
06 / 16 / 2015

Transaction ID : SB29.I640

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

**B. ARC DOCUMENT SOLUTIONS**

Mailing Address 4107 S. CAPITAL OF TEXAS HWY

City AUSTIN State TX Zip Code 78704

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2015

Transaction ID : SB29.I515

Amount of Each Disbursement this Period

1792.76

Full Name (Last, First, Middle Initial)

**C. ARC DOCUMENT SOLUTIONS**

Mailing Address 4107 S. CAPITAL OF TEXAS HWY

City AUSTIN State TX Zip Code 78704

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB29.I516

Amount of Each Disbursement this Period

422.44

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

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

5965.20

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. AT&T EXECUTIVE EDUCATION & CONFERENCE CENTER**

Mailing Address 1900 UNIVERSITY AVE

City AUSTIN State TX Zip Code 78705

Purpose of Disbursement  
VENUE AND CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2015

Transaction ID : SB29.I560

Amount of Each Disbursement this Period

5494.72

Full Name (Last, First, Middle Initial)

**B. AT&T EXECUTIVE EDUCATION & CONFERENCE CENTER**

Mailing Address 1900 UNIVERSITY AVE

City AUSTIN State TX Zip Code 78705

Purpose of Disbursement  
VENUE & CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2015

Transaction ID : SB29.I561

Amount of Each Disbursement this Period

4103.20

Full Name (Last, First, Middle Initial)

**C. C3 STRATEGIES, LLC**

Mailing Address 1108 LAVACA ST #110-329

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PUBLIC AFFAIRS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : SB29.I482

Amount of Each Disbursement this Period

10000.00

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

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

19597.92

**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 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 checked="" 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 STE 400  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA ENTRY & CAGING

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  
03 / 05 / 2015

**Transaction ID : SB29.I490**

Amount of Each Disbursement this Period

4167.97

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400  
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

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : SB29.I491**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400  
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

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2015

**Transaction ID : SB29.I492**

Amount of Each Disbursement this Period

500.00

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

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

5167.97

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 STE 400  
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

/  /

Transaction ID : **SB29.I493**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400  
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

/  /

Transaction ID : **SB29.I494**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400  
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 : **SB29.I495**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 STE 400  
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

/  /

**Transaction ID : SB29.I496**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400  
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 : SB29.I497**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400  
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 : SB29.I498**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 STE 400  
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

/  /

**Transaction ID : SB29.I499**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD STE 400  
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 : SB29.I500**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I474**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. DINSMORE & SHOHL LLP**

Mailing Address P.O. BOX 640635

City CINCINNATI State OH Zip Code 45264-0635

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

/  /   
06 / 15 / 2015

Transaction ID : **SB29.I559**

Amount of Each Disbursement this Period

3200.00

Full Name (Last, First, Middle Initial)

**B. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

/  /   
04 / 08 / 2015

Transaction ID : **SB29.I520**

Amount of Each Disbursement this Period

51.96

Full Name (Last, First, Middle Initial)

**C. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

/  /   
04 / 09 / 2015

Transaction ID : **SB29.I521**

Amount of Each Disbursement this Period

11.49

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

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

3263.45

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	5

Transaction ID : SB29.I522

Amount of Each Disbursement this Period

1	1	.	4	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	5

Transaction ID : SB29.I523

Amount of Each Disbursement this Period

2	9	.	9	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	5

Transaction ID : SB29.I524

Amount of Each Disbursement this Period

1	1	.	4	9
---	---	---	---	---

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

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

5	2	.	9	7
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		.		
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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 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 checked="" 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. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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  
06 / 05 / 2015

Transaction ID : SB29.I525

Amount of Each Disbursement this Period

11.49

Full Name (Last, First, Middle Initial)

**B. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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  
06 / 05 / 2015

Transaction ID : SB29.I526

Amount of Each Disbursement this Period

12.49

Full Name (Last, First, Middle Initial)

**C. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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  
06 / 05 / 2015

Transaction ID : SB29.I527

Amount of Each Disbursement this Period

29.99

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

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

53.97

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

/  /

**Transaction ID : SB29.I528**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

/  /

**Transaction ID : SB29.I529**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

/  /

**Transaction ID : SB29.I530**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

M M M /  D D D /  Y Y Y Y Y Y  
06 / 22 / 2015

Transaction ID : SB29.I531

Amount of Each Disbursement this Period

29.99

Full Name (Last, First, Middle Initial)

**B. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

M M M /  D D D /  Y Y Y Y Y Y  
06 / 22 / 2015

Transaction ID : SB29.I532

Amount of Each Disbursement this Period

29.99

Full Name (Last, First, Middle Initial)

**C. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

M M M /  D D D /  Y Y Y Y Y Y  
06 / 22 / 2015

Transaction ID : SB29.I533

Amount of Each Disbursement this Period

29.99

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

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

89.97

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

M M M /  D D D /  Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : SB29.I534

Amount of Each Disbursement this Period

11.49

Full Name (Last, First, Middle Initial)

**B. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

M M M /  D D D /  Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : SB29.I535

Amount of Each Disbursement this Period

11.49

Full Name (Last, First, Middle Initial)

**C. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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

M M M /  D D D /  Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : SB29.I536

Amount of Each Disbursement this Period

11.49

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

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

34.47

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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  
06 / 23 / 2015

Transaction ID : **SB29.I537**

Amount of Each Disbursement this Period

11.49

Full Name (Last, First, Middle Initial)

**B. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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  
06 / 23 / 2015

Transaction ID : **SB29.I538**

Amount of Each Disbursement this Period

116.91

Full Name (Last, First, Middle Initial)

**C. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

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  
06 / 23 / 2015

Transaction ID : **SB29.I539**

Amount of Each Disbursement this Period

11.49

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

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

139.89

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. DOMAIN.COM LLC**

Mailing Address 70 BLANCHARD RD FL 3

City BURLINGTON State MA Zip Code 01803

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : SB29.I540

Amount of Each Disbursement this Period

1	1	.	4	9
---	---	---	---	---

**B. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DR  
STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	5

Transaction ID : SB29.I562

Amount of Each Disbursement this Period

4	3	5	.	9	0
---	---	---	---	---	---

**C. ELECTIONCFO, LLC**

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	5

Transaction ID : SB29.I554

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

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

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

2	4	4	.	3	9
---	---	---	---	---	---

2	4	4	.	3	9
---	---	---	---	---	---

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. ELECTIONCFO, LLC**

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

Transaction ID : SB29.I555

Amount of Each Disbursement this Period

2000.00

**B. ELECTIONCFO, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

Transaction ID : SB29.I556

Amount of Each Disbursement this Period

2000.00

**C. ELECTIONCFO, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : SB29.I557

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. ELECTIONCFO, LLC**

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

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

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : **SB29.I558**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. FREE STATE PROJECT IN**

Mailing Address 816 ELM ST #351

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement  
EVENT SPONSORSHIP

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  
02 / 24 / 2015

Transaction ID : **SB29.I545**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM**

Mailing Address 14455 N HAYDEN RD  
STE 219

City SCOTTSDALE State AZ Zip Code 85260

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

M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2015

Transaction ID : **SB29.I489**

Amount of Each Disbursement this Period

273.22

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

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

3773.22



**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 PARKWAY

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

/  /

Transaction ID : **SB29.I501**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ONLINE APPS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I502**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ONLINE APP

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I503**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ONLINE APP

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I504**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ONLINE APP

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I505**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. KARMAKAZE PRODUCTIONS**

Mailing Address 4300 MANZANILLO DR

City AUSTIN State TX Zip Code 78749

Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I517**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. KARMAKAZE PRODUCTIONS**

Mailing Address 4300 MANZANILLO DR

City State Zip Code  
AUSTIN TX 78749

Purpose of Disbursement  
ADVERTISING PRODUCTION

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  
04 / 06 / 2015

Transaction ID : **SB29.I518**

Amount of Each Disbursement this Period

850.00

Full Name (Last, First, Middle Initial)

**B. KNOWNHOST LLC**

Mailing Address 1379 DILWORTH TOWN XING STE 214

City State Zip Code  
WEST CHESTER PA 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

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

Transaction ID : **SB29.I487**

Amount of Each Disbursement this Period

164.50

Full Name (Last, First, Middle Initial)

**C. KNOWNHOST LLC**

Mailing Address 1379 DILWORTH TOWN XING STE 214

City State Zip Code  
WEST CHESTER PA 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

M M M /  D D D /  Y Y Y Y Y Y  
04 / 21 / 2015

Transaction ID : **SB29.I488**

Amount of Each Disbursement this Period

164.50

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

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

1179.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. LIBERTY FOR ALL INC.**

Mailing Address P.O. BOX 25394

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2015

Transaction ID : **SB29.I566**

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. LIBERTY POLITICAL SOLUTIONS**

Mailing Address 497 HOOKSETT RD  
STE 127

City MANCHESTER State NH Zip Code 03104

Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

Transaction ID : **SB29.I519**

Amount of Each Disbursement this Period

1200.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. MANDO MEDIA LTD**

Mailing Address 1112 WILLOW SPRINGS DR

City LOUISVILLE State KY Zip Code 40242

Purpose of Disbursement  
IT SUPPORT

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

Transaction ID : **SB29.I483**

Amount of Each Disbursement this Period

202.50

Category/Type

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

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

2402.50

**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 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 checked="" 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. MANDO MEDIA LTD**

Mailing Address 1112 WILLOW SPRINGS DR

City LOUISVILLE State KY Zip Code 40242

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  
03 / 06 / 2015

Transaction ID : SB29.I484

Amount of Each Disbursement this Period

172.23

Full Name (Last, First, Middle Initial)

**B. MANDO MEDIA LTD**

Mailing Address 1112 WILLOW SPRINGS DR

City LOUISVILLE State KY Zip Code 40242

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  
04 / 22 / 2015

Transaction ID : SB29.I485

Amount of Each Disbursement this Period

1428.75

Full Name (Last, First, Middle Initial)

**C. MANDO MEDIA LTD**

Mailing Address 1112 WILLOW SPRINGS DR

City LOUISVILLE State KY Zip Code 40242

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  
06 / 29 / 2015

Transaction ID : SB29.I486

Amount of Each Disbursement this Period

180.00

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

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

1780.98

**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 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 checked="" 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. MARRIOTT**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
TRAVEL

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  
04 / 13 / 2015

Transaction ID : **SB29.I573**

Amount of Each Disbursement this Period

299.75

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR

City State Zip Code  
DALLAS TX 75235

Purpose of Disbursement  
TRAVEL

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  
04 / 15 / 2015

Transaction ID : **SB29.I512**

Amount of Each Disbursement this Period

865.00

Full Name (Last, First, Middle Initial)

**C. SPECTRUM MARKETING COMPANIES**

Mailing Address 95 EDDY RD #101

City State Zip Code  
MANCHESTER NH 03102

Purpose of Disbursement  
DIRECT MAIL

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  
03 / 26 / 2015

Transaction ID : **SB29.I549**

Amount of Each Disbursement this Period

1318.50

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

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

2483.25

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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  
ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I550**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. SPECTRUM MARKETING COMPANIES**

Mailing Address 95 EDDY RD #101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement  
ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I551**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SPECTRUM MARKETING COMPANIES**

Mailing Address 95 EDDY RD #101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement  
ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.I552**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 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 Y  
01 / 20 / 2015

Transaction ID : SB29.I584

Amount of Each Disbursement this Period

418.51

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) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 20 / 2015

Transaction ID : SB29.I585

Amount of Each Disbursement this Period

30.80

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 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 Y  
01 / 30 / 2015

Transaction ID : SB29.I589

Amount of Each Disbursement this Period

415.49

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

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

864.80



**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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

/  /   
01 / 30 / 2015

**Transaction ID : SB29.I590**

Amount of Each Disbursement this Period

30.80

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 TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 13 / 2015

**Transaction ID : SB29.I594**

Amount of Each Disbursement this Period

356.72

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

/  /   
02 / 13 / 2015

**Transaction ID : SB29.I595**

Amount of Each Disbursement this Period

30.80

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

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

418.32

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

Transaction ID : **SB29.I599**

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  
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  
02 / 27 / 2015

Transaction ID : **SB29.I600**

Amount of Each Disbursement this Period

30.80

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 TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : **SB29.I605**

Amount of Each Disbursement this Period

436.69

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

754.36

**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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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

/  /

Transaction ID : **SB29.I606**

Amount of Each Disbursement this Period

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 TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I611**

Amount of Each Disbursement this Period

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

/  /

Transaction ID : **SB29.I612**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I617**

Amount of Each Disbursement this Period

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) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I618**

Amount of Each Disbursement this Period

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 TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I623**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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

/  /

Transaction ID : **SB29.I624**

Amount of Each Disbursement this Period

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 TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I629**

Amount of Each Disbursement this Period

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

/  /

Transaction ID : **SB29.I630**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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 TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I635**

Amount of Each Disbursement this Period

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) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I636**

Amount of Each Disbursement this Period

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 TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.I641**

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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

/  /

Transaction ID : SB29.I642

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. TEXAS WORKFORCE COMMISSION**

Mailing Address 101 E 15TH ST

City AUSTIN State TX Zip Code 78778-0091

Purpose of Disbursement  
TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB29.I553

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. 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) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB29.I546

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 type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. US POSTAL SERVICE**

Mailing Address 475 L'ENFANT PLZ

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
MAIL PERMIT 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  
06 / 29 / 2015

Transaction ID : SB29.I547

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

**B. VICI MEDIA GROUP**

Mailing Address 816 BIG WOODS RD

City LONGVIEW State TX Zip Code 75605

Purpose of Disbursement  
WEBSITE DESIGN & CONSUTLING

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  
02 / 12 / 2015

Transaction ID : SB29.I541

Amount of Each Disbursement this Period

75.00

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  
WEBSITE DESIGN & CONSUTLING

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  
03 / 03 / 2015

Transaction ID : SB29.I542

Amount of Each Disbursement this Period

263.86

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

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

563.86



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

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

FOR LINE NUMBER:  
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<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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  
WEBSITE DESIGN & CONSUTLING

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
04		22		2015

Transaction ID : SB29.I543

Amount of Each Disbursement this Period

75.00
-------

Full Name (Last, First, Middle Initial)

**B. VICI MEDIA GROUP**

Mailing Address 816 BIG WOODS RD

City LONGVIEW State TX Zip Code 75605

Purpose of Disbursement  
WEBSITE DESIGN & CONSUTLING

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
06		15		2015

Transaction ID : SB29.I544

Amount of Each Disbursement this Period

350.00
--------

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO**

Mailing Address 420 MONTGOMERY ST

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement  
BANK FEES

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
01		12		2015

Transaction ID : SB29.I475

Amount of Each Disbursement this Period

76.98
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

501.98
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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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

/  /   
01 / 21 / 2015

**Transaction ID : SB29.I476**

Amount of Each Disbursement this Period

35.00

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

/  /   
02 / 11 / 2015

**Transaction ID : SB29.I477**

Amount of Each Disbursement this Period

80.81

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

/  /   
03 / 11 / 2015

**Transaction ID : SB29.I478**

Amount of Each Disbursement this Period

81.80

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

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

197.61

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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  
04 / 13 / 2015

Transaction ID : **SB29.I479**

Amount of Each Disbursement this Period

82.09

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  
05 / 11 / 2015

Transaction ID : **SB29.I480**

Amount of Each Disbursement this Period

84.69

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  
06 / 11 / 2015

Transaction ID : **SB29.I481**

Amount of Each Disbursement this Period

120.90

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

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

287.68

182549.25

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

**LOANS**

NAME OF COMMITTEE (In Full) **Liberty for All Action Fund** Transaction ID : **SC.001**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN RAMSEY 45K Repaid SB26; 38K New Loans SA13	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 26141	
City ALEXANDRIA State VA ZIP Code 22313	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
83200.00	7000.00	76200.00

**TERMS**

Date Incurred: MM / DD / YYYY  /  /  Date Due: MM / DD / YYYY  /  /  Interest Rate:  % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	76200.00
<b>TOTALS</b> This Period (last page in this line only).....▶	76200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.