

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

AMERICAN LIBERTY FUND

ADDRESS (number and street) 8111 S. US HIGHWAY 75

▼ SUITE 200

Check if different than previously reported. (ACC) SHERMAN TX 75091

2. **FEC IDENTIFICATION NUMBER** ▼ C C00623421 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2023 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2023

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 EDWARDS, PAULA, , ,

Signature of Treasurer EDWARDS, PAULA, , , Date M M / D D / Y Y Y Y Y Y 02 / 05 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN LIBERTY FUND

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include Cash on Hand, Total Receipts, Total Disbursements, and Debts and Obligations.

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN LIBERTY 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).....	65488.31	167271.11
(ii) Unitemized	410.84	9004.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	65899.15	176275.39
(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)	65899.15	176275.39
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	65899.15	176275.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	65899.15	176275.39

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	44722.14	165149.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44722.14	165149.63
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 (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	52.70
(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	52.70
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	44722.14	165202.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44722.14	165202.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	65899.15	176275.39
34. Total Contribution Refunds (from Line 28(d))	0.00	52.70
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65899.15	176222.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	44722.14	165149.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44722.14	165149.63

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 19
(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)
AMERICAN LIBERTY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DAVISON, MERVET, , ,

Mailing Address **PO BOX 4655**

City **SARATOGA SPRINGS** State **NY** Zip Code **12866**

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

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.80**

Date of Receipt
08 / 04 / 2023

Transaction ID : A-64193

Amount of Each Receipt this Period
26.35

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DAVISON, MERVET, , ,

Mailing Address **PO BOX 4655**

City **SARATOGA SPRINGS** State **NY** Zip Code **12866**

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

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.15**

Date of Receipt
09 / 04 / 2023

Transaction ID : A-64187

Amount of Each Receipt this Period
26.35

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DAVISON, MERVET, , ,

Mailing Address **PO BOX 4655**

City **SARATOGA SPRINGS** State **NY** Zip Code **12866**

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

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **263.50**

Date of Receipt
10 / 04 / 2023

Transaction ID : A-64182

Amount of Each Receipt this Period
26.35

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **79.05**

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 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

A. DAVISON, MERVET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 4655
 City SARATOGA SPRINGS State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2023
Transaction ID : A-64177
 Amount of Each Receipt this Period 26.35
 Memo Item

B. DAVISON, MERVET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 4655
 City SARATOGA SPRINGS State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 316.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023
Transaction ID : A-64169
 Amount of Each Receipt this Period 26.35
 Memo Item

C. HARPER, JUDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 478 EXPERIMENT FARM ROAD
 City MONROEVILLE State AL Zip Code 36460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1095.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2023
Transaction ID : A-64199
 Amount of Each Receipt this Period 156.56
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	209.26
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

A. RISING, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 N TWIN CITY HWY STE A
 City PORT ARTHUR State TX Zip Code 77642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACTION Occupation (for Individual) ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : A-64184
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. RISING, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 N TWIN CITY HWY STE A
 City PORT ARTHUR State TX Zip Code 77642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACTION Occupation (for Individual) ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2023
Transaction ID : A-64179
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. RISING, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 N TWIN CITY HWY STE A
 City PORT ARTHUR State TX Zip Code 77642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACTION Occupation (for Individual) ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2023
Transaction ID : A-64171
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 9 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. RISING, SUSAN, , ,

Mailing Address **5215 N TWIN CITY HWY STE A**

City **PORT ARTHUR** State **TX** Zip Code **77642**

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

Name of Employer (for Individual) **ACTION** Occupation (for Individual) **ACTION**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 26 / 2023

Transaction ID : A-64165

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. TISCHER, LARRY, , ,

Mailing Address **3850 WICKER ROAD**

City **INDIANAPOLIS** State **IN** Zip Code **46217**

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

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
09 / 12 / 2023

Transaction ID : A-64186

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. TISCHER, LARRY, , ,

Mailing Address **3850 WICKER ROAD**

City **INDIANAPOLIS** State **IN** Zip Code **46217**

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

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
10 / 12 / 2023

Transaction ID : A-64181

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

A. TISCHER, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3850 WICKER ROAD
 City INDIANAPOLIS State IN Zip Code 46217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 12 / 2023
Transaction ID : A-64176
 Amount of Each Receipt this Period 25.00
 Memo Item

B. TISCHER, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3850 WICKER ROAD
 City INDIANAPOLIS State IN Zip Code 46217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 12 / 2023
Transaction ID : A-64167
 Amount of Each Receipt this Period 25.00
 Memo Item

C. TOPPER, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 TREASURE PLACE
 City JUPITER State FL Zip Code 33469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 105000.00

Date of Receipt 07 / 13 / 2023
Transaction ID : A-49054
 Amount of Each Receipt this Period 8000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	8050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

A. TOPPER, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 TREASURE PLACE
 City JUPITER State FL Zip Code 33469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113000.00

Date of Receipt
 08 / 23 / 2023
Transaction ID : A-49064
 Amount of Each Receipt this Period
 8000.00
 Memo Item

B. TOPPER, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 TREASURE PLACE
 City JUPITER State FL Zip Code 33469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 122000.00

Date of Receipt
 09 / 23 / 2023
Transaction ID : A-49066
 Amount of Each Receipt this Period
 9000.00
 Memo Item

C. TOPPER, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 TREASURE PLACE
 City JUPITER State FL Zip Code 33469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 137000.00

Date of Receipt
 11 / 08 / 2023
Transaction ID : A-49065
 Amount of Each Receipt this Period
 15000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	32000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TOPPER, LEWIS, , ,

Mailing Address 212 TREASURE PLACE

City JUPITER	State FL	Zip Code 33469
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
162000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2023

Transaction ID : A-49082

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	25000.00
TOTAL This Period (last page this line number only).....	65488.31

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"/> 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)

AMERICAN LIBERTY FUND

Full Name (Last, First, Middle Initial)

A. COMMONSENSE MEDIA

Mailing Address 5302 COLEWAY DRIVE

City
HOLLY SPRINGS

State
NC

Zip Code
27540

Purpose of Disbursement
GENERAL ADVOCACY ADVERTISING.

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		18		2023

FEC Identification Number

C

Transaction ID : B-49056

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMMONSENSE MEDIA

Mailing Address 5302 COLEWAY DRIVE

City
HOLLY SPRINGS

State
NC

Zip Code
27540

Purpose of Disbursement
GENERAL ADVOCACY ADVERTISING.

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2023

FEC Identification Number

C

Transaction ID : B-49057

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOOMER CONSULTANT, LAURA, , ,

Mailing Address 423 CR 466 WEST

City
LADY LAKE

State
FL

Zip Code
32159

Purpose of Disbursement
POLITICAL ADVERTISING NON ELECTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2023

FEC Identification Number

C

Transaction ID : B-49011

Amount of Each Disbursement this Period

12000.00

Memo Item

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

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

24000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
AMERICAN LIBERTY FUND

Full Name (Last, First, Middle Initial) A. MEDIA BRIDGE LLC		Date of Disbursement MM / DD / YYYY 07 / 21 / 2023
Mailing Address 8111 SOUTH US HIGHWAY 75 NORTH		FEC Identification Number C Transaction ID : B-49013 Amount of Each Disbursement this Period 8500.00
City SHERMAN	State TX	
Zip Code 75091	Purpose of Disbursement AD PRODUCTION/BOICE OVER FEES NON ELECTION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MEDIA BRIDGE LLC		Date of Disbursement MM / DD / YYYY 11 / 08 / 2023
Mailing Address 8111 SOUTH US HIGHWAY 75 NORTH		FEC Identification Number C Transaction ID : B-49059 Amount of Each Disbursement this Period 6500.00
City SHERMAN	State TX	
Zip Code 75091	Purpose of Disbursement PODCAST SPONSORSHIP	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MEDIA BRIDGE LLC		Date of Disbursement MM / DD / YYYY 12 / 31 / 2023
Mailing Address 8111 SOUTH US HIGHWAY 75 NORTH		FEC Identification Number C Transaction ID : B-64204 Amount of Each Disbursement this Period 210.58
City SHERMAN	State TX	
Zip Code 75091	Purpose of Disbursement AGENCY FEES	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	15210.58
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
AMERICAN LIBERTY FUND

A. PAULA Y. EDWARDS, CPA, MST, LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1629 K STREET NW
SUITE 300

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 18 / 2023

FEC Identification Number: C

Transaction ID : B-49061

Amount of Each Disbursement this Period: 1100.00

Memo Item

B. PAULA Y. EDWARDS, CPA, MST, LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1629 K STREET NW
SUITE 300

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2023

FEC Identification Number: C

Transaction ID : B-49062

Amount of Each Disbursement this Period: 1600.00

Memo Item

C. REVV FUNDRAISING PLATFORM

Full Name (Last, First, Middle Initial)

Mailing Address 1101 K STREET
FLOOR 8

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement MERCHANT FEES/AGENCY FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2023

FEC Identification Number: C

Transaction ID : B-64203

Amount of Each Disbursement this Period: 46.87

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2746.87

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

Form A: STRIPE PAYMENTS COMPANY. Includes fields for Full Name, Mailing Address (185 BERRY STREET SUITE 550), City (SAN FRANCISCO), State (CA), Zip Code (94117), Purpose (MERCHANT FEES), Candidate Name, Office Sought, Disbursement For (2024), and Amount (686.53).

Form B: TRUIST. Includes fields for Full Name, Mailing Address (2201 WISCONSIN AVE NW), City (WASHINGTON), State (DC), Zip Code (20007), Purpose (BANK FEES), Candidate Name, Office Sought, Disbursement For, and Amount (77.00).

Form C: TRUIST. Includes fields for Full Name, Mailing Address (2201 WISCONSIN AVE NW), City (WASHINGTON), State (DC), Zip Code (20007), Purpose (BANK FEES), Candidate Name, Office Sought, Disbursement For, and Amount (69.00).

SUBTOTAL of Disbursements This Page (optional) 832.53
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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

Form A: TRUIST. Includes fields for Full Name, Mailing Address (2201 WISCONSIN AVE NW), City (WASHINGTON), State (DC), Zip Code (20007), Purpose of Disbursement (BANK FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (09/21/2023), FEC Identification Number (C), Transaction ID (B-49079), and Amount of Each Disbursement (55.00).

Form B: TRUIST. Includes fields for Full Name, Mailing Address (2201 WISCONSIN AVE NW), City (WASHINGTON), State (DC), Zip Code (20007), Purpose of Disbursement (BANK FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/23/2023), FEC Identification Number (C), Transaction ID (B-49080), and Amount of Each Disbursement (15.00).

Form C: TRUIST. Includes fields for Full Name, Mailing Address (2201 WISCONSIN AVE NW), City (WASHINGTON), State (DC), Zip Code (20007), Purpose of Disbursement (BANK FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/21/2023), FEC Identification Number (C), Transaction ID (B-49081), and Amount of Each Disbursement (15.00).

SUBTOTAL of Disbursements This Page (optional) 85.00
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

AMERICAN LIBERTY FUND

Full Name (Last, First, Middle Initial)

A. TRUIST

Mailing Address 2201 WISCONSIN AVE NW

City
WASHINGTON

State
DC

Zip Code
20007

Purpose of Disbursement

BANK FEES

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 21 / 2023

FEC Identification Number

C

Transaction ID : B-49086

Amount of Each Disbursement this Period

91.00

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLLINES

Mailing Address 233 SOUTH WACKER DRIVE

City
CHICAGO

State
IL

Zip Code
60606

Purpose of Disbursement

STAFF TRAVEL - AIR FARE

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 19 / 2023

FEC Identification Number

C

Transaction ID : B-49084

Amount of Each Disbursement this Period

878.08

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLLINES

Mailing Address 233 SOUTH WACKER DRIVE

City
CHICAGO

State
IL

Zip Code
60606

Purpose of Disbursement

STAFF TRAVEL - AIR FARE

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 19 / 2023

FEC Identification Number

C

Transaction ID : B-49085

Amount of Each Disbursement this Period

878.08

Memo Item

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

1847.16

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

44722.14

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FEDERAL ELECTION COMMISSION			Nature of Debt (Purpose): REFUND OWED FROM OVERPAYMENT
Mailing Address 1050 FIRST STREET NORTHEAST			
City WASHINGTON	State DC	Zip Code 20463	

Outstanding Balance Beginning This Period 1800.00		Transaction ID : D-23358	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1800.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	1800.00
2) TOTALS This Period (last page this line number only)..... ▶	1800.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00