



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**AMERICAN LIBERTY 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="2023"/>		<input type="text" value="30752.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20648.67"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="48899.15"/>	<input type="text" value="159275.39"/>
(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="69547.82"/>	<input type="text" value="190028.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="44722.14"/>	<input type="text" value="165202.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24825.68"/>	<input type="text" value="24825.68"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="1800.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://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).....	48488.31	150271.11
(ii) Unitemized .....	410.84	9004.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	48899.15	159275.39
(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) .....	48899.15	159275.39
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)).....▶	48899.15	159275.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	48899.15	159275.39

**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

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	48899.15	159275.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	52.70
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48899.15	159222.69
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: (check only one)	PAGE 6 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**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 ▼  
210.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2023  
**Transaction ID : A-64193**

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
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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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2023  
**Transaction ID : A-64187**

Amount of Each Receipt this Period  
 26.35

Memo Item

**C. 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
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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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2023  
**Transaction ID : A-64182**

Amount of Each Receipt this Period  
 26.35

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.05
<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 7 OF 18
<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. 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
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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
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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
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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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	209.26
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 18  
(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 <b>PORT ARTHUR</b>	State <b>TX</b>	Zip Code <b>77642</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>ACTION</b>	Occupation (for Individual) <b>ACTION</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**09 / 26 / 2023**

**Transaction ID : A-64184**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

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

City <b>PORT ARTHUR</b>	State <b>TX</b>	Zip Code <b>77642</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>ACTION</b>	Occupation (for Individual) <b>ACTION</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**10 / 26 / 2023**

**Transaction ID : A-64179**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

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

City <b>PORT ARTHUR</b>	State <b>TX</b>	Zip Code <b>77642</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>ACTION</b>	Occupation (for Individual) <b>ACTION</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**11 / 26 / 2023**

**Transaction ID : A-64171**

Amount of Each Receipt this Period  
**25.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023  
**Transaction ID : A-64165**  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023  
**Transaction ID : A-64186**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2023  
**Transaction ID : A-64181**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 18  
(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. 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 ▼ **275.00**

Date of Receipt  
**11 / 12 / 2023**

**Transaction ID : A-64176**

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 ▼ **300.00**

Date of Receipt  
**12 / 12 / 2023**

**Transaction ID : A-64167**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

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 18
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. 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 ▼  
120000.00

Date of Receipt  

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

**Transaction ID : A-49065**

Amount of Each Receipt this Period  
15000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. 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 ▼  
145000.00

Date of Receipt  

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

**Transaction ID : A-49082**

Amount of Each Receipt this Period  
25000.00

Memo Item  
**CONTRIBUTION**

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40000.00
<b>TOTAL</b> This Period (last page this line number only).....	48488.31

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)

Form for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)
AMERICAN LIBERTY FUND

Form A: COMMONSENSE MEDIA. Includes fields for Date of Disbursement (08/18/2023), Mailing Address (5302 COLEWAY DRIVE), City (HOLLY SPRINGS, NC), Purpose (GENERAL ADVOCACY ADVERTISING), and Amount (6000.00).

Form B: COMMONSENSE MEDIA. Includes fields for Date of Disbursement (11/08/2023), Mailing Address (5302 COLEWAY DRIVE), City (HOLLY SPRINGS, NC), Purpose (GENERAL ADVOCACY ADVERTISING), and Amount (6000.00).

Form C: LOOMER CONSULTANT, LAURA, , ,. Includes fields for Date of Disbursement (07/21/2023), Mailing Address (423 CR 466 WEST), City (LADY LAKE, FL), Purpose (POLITICAL ADVERTISING NON ELECTION), and Amount (12000.00).

SUBTOTAL of Disbursements This Page (optional) 24000.00
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. MEDIA BRIDGE LLC**

Mailing Address 8111 SOUTH US HIGHWAY 75 NORTH

City  
SHERMAN

State  
TX

Zip Code  
75091

Purpose of Disbursement  
AD PRODUCTION/BOICE OVER FEES 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	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	3

FEC Identification Number

C

Transaction ID : B-49013

Amount of Each Disbursement this Period

8500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MEDIA BRIDGE LLC**

Mailing Address 8111 SOUTH US HIGHWAY 75 NORTH

City  
SHERMAN

State  
TX

Zip Code  
75091

Purpose of Disbursement  
PODCAST SPONSORSHIP

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	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	2	3

FEC Identification Number

C

Transaction ID : B-49059

Amount of Each Disbursement this Period

6500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MEDIA BRIDGE LLC**

Mailing Address 8111 SOUTH US HIGHWAY 75 NORTH

City  
SHERMAN

State  
TX

Zip Code  
75091

Purpose of Disbursement  
AGENCY FEES

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	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	3

FEC Identification Number

C

Transaction ID : B-64204

Amount of Each Disbursement this Period

210.58

Memo Item

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

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

15210.58

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	3

Mailing Address 1629 K STREET NW  
SUITE 300

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
ACCOUNTING SERVICES

C
---

FEC Identification Number

C
---

Transaction ID : B-49061

Amount of Each Disbursement this Period

1	1	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

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

Mailing Address 1629 K STREET NW  
SUITE 300

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
ACCOUNTING SERVICES

C
---

FEC Identification Number

C
---

Transaction ID : B-49062

Amount of Each Disbursement this Period

1	6	0	0	.	0	0
---	---	---	---	---	---	---

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV FUNDRAISING PLATFORM**

Date of Disbursement

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

Mailing Address 1101 K STREET  
FLOOR 8

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
MERCHANT FEES/AGENCY FEES

C
---

FEC Identification Number

C
---

Transaction ID : B-64203

Amount of Each Disbursement this Period

4	6	.	8	7
---	---	---	---	---

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

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

2	7	4	6	.	8	7
---	---	---	---	---	---	---

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. STRIPE PAYMENTS COMPANY

Mailing Address 185 BERRY STREET  
SUITE 550

City SAN FRANCISCO State CA Zip Code 94117

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B-49077

Amount of Each Disbursement this Period

[REDACTED] 686.53

Memo Item

Full Name (Last, First, Middle Initial)

## B. TRUIST

Mailing Address 2201 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B-49076

Amount of Each Disbursement this Period

[REDACTED] 77.00

Memo Item

Full Name (Last, First, Middle Initial)

## C. TRUIST

Mailing Address 2201 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B-49078

Amount of Each Disbursement this Period

[REDACTED] 69.00

Memo Item

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

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

[REDACTED] 832.53

[REDACTED]

**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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : B-49079

Amount of Each Disbursement this Period

[REDACTED] 55.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : B-49080

Amount of Each Disbursement this Period

[REDACTED] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : B-49081

Amount of Each Disbursement this Period

[REDACTED] 15.00

Memo Item

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

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

[REDACTED] 85.00

[REDACTED]



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 (12/21/2023), FEC Identification Number (C), Transaction ID (B-49086), Amount of Each Disbursement (91.00), and Memo Item checkbox.

Form B: UNITED AIRLLINES. Includes fields for Full Name, Mailing Address (233 SOUTH WACKER DRIVE), City (CHICAGO), State (IL), Zip Code (60606), Purpose of Disbursement (STAFF TRAVEL - AIR FARE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (12/19/2023), FEC Identification Number (C), Transaction ID (B-49084), Amount of Each Disbursement (878.08), and Memo Item checkbox.

Form C: UNITED AIRLLINES. Includes fields for Full Name, Mailing Address (233 SOUTH WACKER DRIVE), City (CHICAGO), State (IL), Zip Code (60606), Purpose of Disbursement (STAFF TRAVEL - AIR FARE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (12/19/2023), FEC Identification Number (C), Transaction ID (B-49085), Amount of Each Disbursement (878.08), and Memo Item checkbox.

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 18 OF 18
	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 <b>FEDERAL ELECTION COMMISSION</b>			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		<b>Transaction ID : D-23358</b>	
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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1800.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	1800.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00