

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Liberty for All Super PAC

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="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40664.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="132324.74"/>	<input type="text" value="2962025.04"/>
(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="172989.46"/>	<input type="text" value="2962025.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="84971.30"/>	<input type="text" value="2874006.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="88018.16"/>	<input type="text" value="88018.16"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="46894.83"/>	

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

Write or Type Committee Name

Liberty for All Super PAC

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).....	130000.00	2944287.36
(ii) Unitemized	1013.57	4226.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	131013.57	2948514.19
(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)	131013.57	2948514.19
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).....	1311.17	13510.85
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))..... ▶	132324.74	2962025.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	132324.74	2962025.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	84358.03	1150472.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	84358.03	1150472.07
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)	613.27	1723534.81
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	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	0.00	0.00
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)) ..	84971.30	2874006.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84971.30	2874006.88

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)	131013.57	2948514.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	131013.57	2948514.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	84358.03	1150472.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1311.17	13510.85
38. Net Operating Expenditures (subtract Line 37 from Line 36)	83046.86	1136961.22

**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 29
	<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	

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 Super PAC

A. SCOTT BANISTER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 997

City HALF MOON BAY State CA Zip Code 94019-0997

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

Name of Employer SELF Occupation STARTUP CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
09 / 05 / 2012
Transaction ID : SA11.126

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

B. MS. LINDA BEAN
Full Name (Last, First, Middle Initial)

Mailing Address LINDA BEAN'S PERFECT MAINE
PO BOX 393

City PORT CLYDE State ME Zip Code 04855-0393

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

Name of Employer LINDA BEAN'S PERFECT MAINE Occupation BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
09 / 18 / 2012
Transaction ID : SA11.129

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

C. MR. CHRIS J. RUFER
Full Name (Last, First, Middle Initial)

Mailing Address THE MORNING STAR COMPANY
724 MAIN STREET

City WOODLAND State CA Zip Code 95695-3491

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

Name of Employer THE MORNING STAR COMPANY Occupation AGRIBUSINESS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
09 / 28 / 2012
Transaction ID : SA11.178

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	130000.00
TOTAL This Period (last page this line number only).....▶	130000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

Full Name (Last, First, Middle Initial)
A. BILL.COM

Mailing Address 3200 ASH ST

City PALO ALTO State CA Zip Code 94306

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2012

Transaction ID : SA15.001

Amount of Each Receipt this Period
0.02

REFUND OF VERIFICATION WITHDRAWAL

Full Name (Last, First, Middle Initial)
B. CORT BUSINESS SERVICES

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX State VA Zip Code 22030

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : SA15.006

Amount of Each Receipt this Period
53.55

REFUND - EARLY RETURN OF LEASED ITEMS

Full Name (Last, First, Middle Initial)
C. LEADERSHIP INSTITUTE

Mailing Address 1101 N HIGHLAND ST

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA15.002

Amount of Each Receipt this Period
30.00

REFUND - CANCELLED REGISTRATION

SUBTOTAL of Receipts This Page (optional).....▶	83.57
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 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

Full Name (Last, First, Middle Initial)
A. LEADERSHIP INSTITUTE

Mailing Address 1101 N HIGHLAND ST

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA15.003

Amount of Each Receipt this Period
150.00

REFUND - CANCELLED REGISTRATION

Full Name (Last, First, Middle Initial)
B. SOUTHWEST

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA15.004

Amount of Each Receipt this Period
524.80

REFUND - CANCELLED RESERVATION

Full Name (Last, First, Middle Initial)
C. SOUTHWEST

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA15.005

Amount of Each Receipt this Period
544.80

REFUND - CANCELLED RESERVATION

SUBTOTAL of Receipts This Page (optional).....▶	1219.60
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 29
(check only one)

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

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NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

A. WELLS FARGO
Full Name (Last, First, Middle Initial)
Mailing Address 10401 ANDERSON MILL RD
City AUSTIN State TX Zip Code 78750
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2012
Transaction ID : SA15.007
Amount of Each Receipt this Period
8.00
BANK FEE REFUNDED

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

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

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	8.00
TOTAL This Period (last page this line number only).....▶	1311.17

**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 Super PAC

Full Name (Last, First, Middle Initial)

A. CAITLYN BATES

Mailing Address 1009 W 25TH ST APT B

City AUSTIN State TX Zip Code 78705

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.113

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

B. PRESTON BATES

Mailing Address 54 RAINEY ST APT 802

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.114

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JAMES BENEFICO

Mailing Address 54 RAINEY ST APT 802

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.115

Amount of Each Disbursement this Period

1500.00

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

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

8250.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

Full Name (Last, First, Middle Initial)

A. JORDAN BROWN

Mailing Address 22 BEECH ST APT E

City State Zip Code
WOODSVILLE NH 03785

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
09 / 05 / 2012

Transaction ID : SB.108

Amount of Each Disbursement this Period

680.00

Full Name (Last, First, Middle Initial)

B. APPLE

Mailing Address 1 INFINITE LOOP

City State Zip Code
CUPERTINO CA 95014

Purpose of Disbursement
COMPUTER EQUIPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : SB.108A

Amount of Each Disbursement this Period

680.00

[MEMO ITEM]
BROWN, 9/5

Full Name (Last, First, Middle Initial)

C. JORDAN BROWN

Mailing Address 22 BEECH ST APT E

City State Zip Code
WOODSVILLE NH 03785

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SB.116

Amount of Each Disbursement this Period

3500.00

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

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

4180.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

Full Name (Last, First, Middle Initial)

A. JARED CHICOINE

Mailing Address 181 BENTON ROAD 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

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.117

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. WILLIAM HENDERSON

Mailing Address 8415 AMBROSE LN APT 208

City LOUISVILLE State KY Zip Code 40299

Purpose of Disbursement
REIMBURSEMENT (BELOW ITEMIZATION THRESHO

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2012

Transaction ID : SB.109

Amount of Each Disbursement this Period

143.89

Full Name (Last, First, Middle Initial)

C. WILLIAM HENDERSON

Mailing Address 8415 AMBROSE LN APT 208

City LOUISVILLE State KY Zip Code 40299

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.118

Amount of Each Disbursement this Period

4000.00

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

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

7643.89

**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 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 Super PAC

Full Name (Last, First, Middle Initial)

A. CHRIS KUPER

Mailing Address 5806 COVE LANDING RD APT 101

City State Zip Code
BURKE VA 22015

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 : SB.119

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DOUG LUSKO

Mailing Address 1507 SHELBUME CT APT 102

City State Zip Code
LOUISVILLE KY 40208

Purpose of Disbursement
GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.120

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DELBERT K PERRY

Mailing Address 2 TIMBERLINE DR

City State Zip Code
ALEXANDRIA KY 41001

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.106

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

Full Name (Last, First, Middle Initial)

A. JOHN RAMSEY

Mailing Address 54 RAINEY ST APT 802

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.122

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. KATE SCHACKAI

Mailing Address 810 MOUNT MOOSILAUKE HWY

City WENTWORTH State NH Zip Code 03282

Purpose of Disbursement
REIMBURSEMENT (MEDICAL EXPENSE)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : SB.104

Amount of Each Disbursement this Period

1053.32

Full Name (Last, First, Middle Initial)

C. SPEARE MEMORIAL HOSPITAL

Mailing Address PO BOX 230

City SOMMERSWORTH State NH Zip Code 03878

Purpose of Disbursement
EMPLOYEE MEDICAL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2012

Transaction ID : SB.104A

Amount of Each Disbursement this Period

1053.32

[MEMO ITEM]
SCHACKAI, 9/19

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

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

2553.32

**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 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 Super PAC

Full Name (Last, First, Middle Initial)

A. KATE SCHACKAI

Mailing Address 810 MOUNT MOOSILAUKE HWY

City State Zip Code
WENTWORTH NH 03282

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.123

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. NICK SELIGH

Mailing Address 300 WINDRIDGE LN APT 4

City State Zip Code
FLORENCE KY 41042

Purpose of Disbursement
GRASSROOTS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.121

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

C. AMBI MAIL & MARKETING

Mailing Address PO BOX 2951

City State Zip Code
CASPER WY 82602

Purpose of Disbursement
NON-FEDERAL VOTER CONTACT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : SB.101

Amount of Each Disbursement this Period

4718.38

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

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

9968.38

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City MANHATTAN State NY Zip Code 10080

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : SB.129

Amount of Each Disbursement this Period

578.15

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : SB.128

Amount of Each Disbursement this Period

500.75

Full Name (Last, First, Middle Initial)

C. EMBASSY SUITES

Mailing Address 755 CROSSOVER LN

City MEMPHIS State TN Zip Code 38117

Purpose of Disbursement
TRAVEL - LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SB.142

Amount of Each Disbursement this Period

170.61

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

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

1249.51

**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 Super PAC

Full Name (Last, First, Middle Initial)

A. EMBASSY SUITES

Mailing Address 755 CROSSOVER LN

City MEMPHIS State TN Zip Code 38117

Purpose of Disbursement
TRAVEL - LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SB.144

Amount of Each Disbursement this Period

80.15

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
COMPUTER SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SB.135

Amount of Each Disbursement this Period

178.70

Full Name (Last, First, Middle Initial)

C. GREAT AMERICAN DINING, INC

Mailing Address 25 MAIN ST

City ASHLAND State NH Zip Code 03217

Purpose of Disbursement
MEETING MEAL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SB.145

Amount of Each Disbursement this Period

454.42

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

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

713.27

**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 Super PAC

Full Name (Last, First, Middle Initial)

A. HALEY O'NEILL LLC

Mailing Address PO BOX 16015

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
RESEARCH SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB.105

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB.136

Amount of Each Disbursement this Period

29.90

Full Name (Last, First, Middle Initial)

C. JAKPRINTS

Mailing Address 3133 CHESTER AVE

City CLEVELAND State OH Zip Code 44114

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : SB.125

Amount of Each Disbursement this Period

65.15

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

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

20095.05

**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 Super PAC

Full Name (Last, First, Middle Initial)

A. KAYAK

Mailing Address 55 N WATER ST STE 1

City NORWALK State CT Zip Code 06854

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.150

Amount of Each Disbursement this Period

140.05

Full Name (Last, First, Middle Initial)

B. MAGELLAN STRATEGIES BR

Mailing Address 12491 PLANTATION CREEK DR

City GEISMAR State LA Zip Code 70734

Purpose of Disbursement
VOTER LISTS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : SB.102

Amount of Each Disbursement this Period

1085.81

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL - AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SB.141

Amount of Each Disbursement this Period

385.60

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

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

1611.46

**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 Super PAC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL - AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SB.143

Amount of Each Disbursement this Period

529.80

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL - AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : SB.147

Amount of Each Disbursement this Period

1147.20

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL - AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB.148

Amount of Each Disbursement this Period

573.60

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

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

2250.60

**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 Super PAC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL - AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB.149

Amount of Each Disbursement this Period

573.60

Full Name (Last, First, Middle Initial)

B. SOUTHWEST

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL - AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2012

Transaction ID : SB.152

Amount of Each Disbursement this Period

529.80

Full Name (Last, First, Middle Initial)

C. SOUTHWEST

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL - AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : SB.156

Amount of Each Disbursement this Period

283.10

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

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

1386.50

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

Full Name (Last, First, Middle Initial)

A. STATE POLICY NETWORK

Mailing Address 1655 N FORT MYER ST STE 360

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
TRAVEL - CONFERENCE FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2012

Transaction ID : SB.155

Amount of Each Disbursement this Period

529.48

Full Name (Last, First, Middle Initial)

B. STATE POLICY NETWORK

Mailing Address 1655 N FORT MYER ST STE 360

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
TRAVEL - CONFERENCE FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : SB.157

Amount of Each Disbursement this Period

264.74

Full Name (Last, First, Middle Initial)

C. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.110

Amount of Each Disbursement this Period

447.00

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

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

1241.22

**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 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 Super PAC

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

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.111

Amount of Each Disbursement this Period

845.67

Full Name (Last, First, Middle Initial)

B. TUSK PRODUCTIONS LLC

Mailing Address 38 LAKEWOOD DR

City DANVILLE State NJ Zip Code 07834

Purpose of Disbursement
CONSULTANT EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2012

Transaction ID : SB.107

Amount of Each Disbursement this Period

766.14

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address 482 OHIO PIKE

City CINCINNATI State OH Zip Code 45255

Purpose of Disbursement
CELL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB.139

Amount of Each Disbursement this Period

30.00

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

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

845.67

**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 Super PAC

Full Name (Last, First, Middle Initial)

A. VILLAS OF AMELIA

Mailing Address 6800 FIRST COAST HWY

City AMELIA ISLAND State FL Zip Code 32034

Purpose of Disbursement
TRAVEL - LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : SB.158

Amount of Each Disbursement this Period

255.30

Full Name (Last, First, Middle Initial)

B. WELLS FARGO

Mailing Address 10401 ANDERSON MILL RD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SB.127

Amount of Each Disbursement this Period

12.95

Full Name (Last, First, Middle Initial)

C. WELLS FARGO

Mailing Address 10401 ANDERSON MILL RD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
BANK CHARGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB.130

Amount of Each Disbursement this Period

3.00

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

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

271.25

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

Full Name (Last, First, Middle Initial)

A. WELLS FARGO

Mailing Address 10401 ANDERSON MILL RD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
BANK CHARGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB.131

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. WELLS FARGO

Mailing Address 10401 ANDERSON MILL RD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
BANK CHARGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB.132

Amount of Each Disbursement this Period

6.00

Full Name (Last, First, Middle Initial)

C. WELLS FARGO

Mailing Address 10401 ANDERSON MILL RD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
BANK CHARGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2012

Transaction ID : SB.134

Amount of Each Disbursement this Period

8.00

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

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

24.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

Full Name (Last, First, Middle Initial)
A. WESTIN

Mailing Address PO BOX 6020

City LANACSTER State CA Zip Code 93539

Purpose of Disbursement TRAVEL - ACCOMODATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 17 / 2012

Transaction ID : **SB.151**

Amount of Each Disbursement this Period
408.77

Full Name (Last, First, Middle Initial)
B. WESTIN

Mailing Address PO BOX 6020

City LANACSTER State CA Zip Code 93539

Purpose of Disbursement TRAVEL - ACCOMODATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 19 / 2012

Transaction ID : **SB.154**

Amount of Each Disbursement this Period
125.74

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) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶ 534.51

TOTAL This Period (last page this line number only)..... ▶ 83863.55

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DELBERT K PERRY	Nature of Debt (Purpose): RENT
Mailing Address 4135 ALEXANDRIA PIKE STE 103	
City State Zip Code COLD SPRING KY 41076	

Outstanding Balance Beginning This Period 8309.96	Transaction ID : SD10.003	
Amount Incurred This Period 0.00	Payment This Period 8309.96	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NMB RESEARCH LLC	Nature of Debt (Purpose): SURVEY RESEARCH
Mailing Address 206 N FAYETTE ST	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.004	
Amount Incurred This Period 23000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 23000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PARAMOUNT COMMUNICATONS GROUP	Nature of Debt (Purpose): E-MAIL SERVICES
Mailing Address 525-K E MARKET ST SUITE 114	
City State Zip Code LEESBURG VA 20176	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.005	
Amount Incurred This Period 1883.83	Payment This Period 0.00	Outstanding Balance at Close of This Period 1883.83

1) SUBTOTALS This Period This Page (optional)..... ▶	24883.83
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Liberty for All Super PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMBI MAIL & MARKETING	Nature of Debt (Purpose): NON-FEDERAL VOTER CONTACT MAIL
Mailing Address PO BOX 2951	
City State Zip Code CASPER WY 82602	

Outstanding Balance Beginning This Period <input type="text" value="4718.38"/>	Transaction ID : SD10.001	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4718.38"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CLARK HILL PLC	Nature of Debt (Purpose): LEGAL SERVICES (AMOUNT IN DISPUTE)
Mailing Address 601 PENNSYLVANIA AVE NW	
City State Zip Code WASHINGTON DC 20004	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.002	
Amount Incurred This Period <input type="text" value="22011.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="22011.00"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="22011.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="46894.83"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="46894.83"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty for All Super PAC	FEC IDENTIFICATION NUMBER ▼ C C00514653
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee THIRD DIMENSION STRATEGIES LLC		Date M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2012
Mailing Address 14525 CANTRELL RD STE 140		Amount 613.27
City LITTLE ROCK State AR Zip Code 72223	Transaction ID : SE.01	
Purpose of Expenditure VOTER TELEPHONE CONTACT	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: NANCY CASSIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 617767.24	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL PRIMARY	

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	613.27
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	613.27

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

CHRISTOPHER M MARSTON

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2012