

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Liberty Action PAC			FEC IDENTIFICATION NUMBER ▼ C C00508598		
Check If ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on M M / D D / Y Y Y Y Y Y 10 / 29 / 2012					
Full Name (Last, First, Middle Initial) of Payee Grassroots Action, Inc			Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012		
Mailing Address 90 Main Street			Amount 3519.58		
City Maxwell State IA Zip Code 50161		Transaction ID : SE.4121			
Purpose of Expenditure e-mail blast		Category/ Type 		Office Sought: ☐ House State: VA ☐ Senate District: ☒ President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA				Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 3519.58			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) 		
Full Name (Last, First, Middle Initial) of Payee Liberty Counsel			Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2012		
Mailing Address P.O. Box 540774			Amount 12672.45		
City Orlando State FL Zip Code 32854		Transaction ID : SE.4122			
Purpose of Expenditure e-mail list rental		Category/ Type 		Office Sought: ☐ House State: ☐ Senate District: ☒ President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA				Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 15552.45			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) 		
(a) SUBTOTAL of Itemized Independent Expenditures.....			16192.03		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Mr. Deryl Madison Edwards <i>[Electronically Filed]</i> Date M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Signature _____					

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NAME OF COMMITTEE (In Full) Liberty Action PAC			FEC IDENTIFICATION NUMBER ▼ C C00508598		
Check If ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 10 / 29 / 2012		
Full Name (Last, First, Middle Initial) of Payee Liberty Counsel Action			Date MM / DD / YYYY 10 / 28 / 2012		
Mailing Address P.O. Box 540629			Amount 537.23		
City Orlando		State FL	Zip Code 32854		
Purpose of Expenditure list rental		Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☒ President		
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 16089.68			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name (Last, First, Middle Initial) of Payee			Date MM / DD / YYYY		
Mailing Address			Amount 		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: ☐ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			537.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			16729.26		
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. Mr. Deryl Madison Edwards Signature [Electronically Filed] Date MM / DD / YYYY 11 / 30 / 2012					