

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

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

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

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher M Marston

Signature of Treasurer Christopher M Marston [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Liberty for All Action Fund

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="4100.81"/> | <input type="text" value="4100.81"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="44284.86"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="3260.03"/> | <input type="text" value="658233.17"/> |
| (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="47544.89"/> | <input type="text" value="662333.98"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="31660.77"/> | <input type="text" value="646449.86"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="15884.12"/> | <input type="text" value="15884.12"/> |
| 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="83200.00"/> | |

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Liberty for All Action Fund

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

| 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)..... | 0.00 | 37800.00 |
| (ii) Unitemized | 10.00 | 22258.93 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 10.00 | 60058.93 |
| (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) | 10.00 | 60058.93 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 103700.00 |
| 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 | 12981.80 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 3250.03 | 481492.44 |
| 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))..... ▶ | 3260.03 | 658233.17 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 3260.03 | 658233.17 |

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 | 0.00 | 287557.63 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 287557.63 |
| 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 | 32616.83 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 60000.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 195.00 |
| (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 | 195.00 |
| 29. Other Disbursements | 31660.77 | 266080.40 |
| 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)) .. | 31660.77 | 646449.86 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 31660.77 | 646449.86 |

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) | 10.00 | 60058.93 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 195.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10.00 | 59863.93 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 0.00 | 287557.63 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 12981.80 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 0.00 | 274575.83 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

This amended report responds to a request for additional information dated April 14, 2015, noting the Committee's failure to continuously report outstanding debt. The Committee inadvertently omitted the information from Sch. C. It has been included in this amended report.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. CONSERVATIVE CONNECTOR LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 E MAIN ST
 STE 250
 City Greenwood State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 7698.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA17.411
 Amount of Each Receipt this Period
 3250.00
 LIST RENTAL INCOME (NC)

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).....▶ | 3250.00 |
| TOTAL This Period (last page this line number only).....▶ | 3250.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ANNE CASTEEL

Mailing Address 2226 WESTLAKE DRIVE#2-7
#2-7

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
FUNDRAISING 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
12 / 01 / 2014

Transaction ID : SB29.I418

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ANNE CASTEEL

Mailing Address 2226 WESTLAKE DRIVE#2-7
#2-7

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
FUNDRAISING 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
12 / 18 / 2014

Transaction ID : SB29.I419

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ANNE CASTEEL

Mailing Address 2226 WESTLAKE DRIVE#2-7
#2-7

City AUSTIN State TX Zip Code 78746

Purpose of Disbursement
FUNDRAISING 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
12 / 31 / 2014

Transaction ID : SB29.I420

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2014

Transaction ID : SB29.I421

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2014

Transaction ID : SB29.I422

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. JARED CHICOINE

Mailing Address 22 BEECH ST
FL 3

City WOODSVILLE State NH Zip Code 03785

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : SB29.I423

Amount of Each Disbursement this Period

3000.00

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

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

9000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AARON PRICE

Mailing Address 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 01 | | 2014 |

Transaction ID : SB29.I429

Amount of Each Disbursement this Period

| |
|---------|
| 3750.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. AARON PRICE

Mailing Address 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 18 | | 2014 |

Transaction ID : SB29.I430

Amount of Each Disbursement this Period

| |
|---------|
| 3750.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. AARON PRICE

Mailing Address 415 HIGHWOOD DR

City LOUISVILLE State KY Zip Code 40206

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 31 | | 2014 |

Transaction ID : SB29.I431

Amount of Each Disbursement this Period

| |
|---------|
| 3750.00 |
|---------|

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

| |
|----------|
| 11250.00 |
|----------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BILL.COM

Mailing Address 3200 ASH ST

City PALO ALTO State CA Zip Code 94306

Purpose of Disbursement
A/P SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : SB29.I415

Amount of Each Disbursement this Period

28.49

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RDSUITE 400
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SB29.I424

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. ELECTIONCFO, LLC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

Purpose of Disbursement
CONSULTANT EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 17 / 2014

Transaction ID : SB29.I425

Amount of Each Disbursement this Period

25.97

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

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

554.46

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

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

Full Name (Last, First, Middle Initial)

A. ELECTIONCFO, LLC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

Purpose of Disbursement
COMPLIANCE CONSULTING; EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2014

Transaction ID : **SB29.I426**

Amount of Each Disbursement this Period

2005.05

Category/
Type

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2014

Transaction ID : **SB29.I427**

Amount of Each Disbursement this Period

55.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100
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) ▼

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : **SB29.I432**

Amount of Each Disbursement this Period

33.88

Category/
Type

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

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

2093.93

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100
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

/ /

Transaction ID : **SB29.I433**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I434**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I435**

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2014

Transaction ID : SB29.I436

Amount of Each Disbursement this Period

33.88

Full Name (Last, First, Middle Initial)

B. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : SB29.I437

Amount of Each Disbursement this Period

30.80

Full Name (Last, First, Middle Initial)

C. SUREPAYROLL

Mailing Address 2350 RAVINE WAY STE 100
STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : SB29.I438

Amount of Each Disbursement this Period

286.87

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

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

351.55

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. US POSTAL SERVICE

Mailing Address 475 L'ENFANT PLZ

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 4 | | 2 | 0 | 1 | 4 |

Transaction ID : **SB29.I439**

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 1 | 5 | 4 | 0 | 0 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. WELLS FARGO

Mailing Address 420 MONTGOMERY ST

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 2 | 8 | | 2 | 0 | 1 | 4 |

Transaction ID : **SB29.I440**

Amount of Each Disbursement this Period

| | | |
|---|---|---|
| 6 | 0 | 0 |
|---|---|---|

Full Name (Last, First, Middle Initial)

C. WELLS FARGO

Mailing Address 420 MONTGOMERY ST

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : **SB29.I441**

Amount of Each Disbursement this Period

| | | | |
|---|---|---|---|
| 8 | 7 | 2 | 8 |
|---|---|---|---|

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

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

| | | | | |
|---|---|---|---|---|
| 2 | 4 | 7 | 2 | 8 |
|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 1 | 6 | 3 | 8 | 2 | 9 |
|---|---|---|---|---|---|---|

SCHEDULE C (FEC Form 3X)

LOANS

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

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN RAMSEY | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 26141 | |
| City ALEXANDRIA State VA ZIP Code 22313 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 83200.00 | 0.00 | 83200.00 |

TERMS

| | | | |
|----------------------------------|----------------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| MM / DD / YYYY 07 / 22 / 2013 | MM / DD / YYYY 12 / 31 / 2014 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|--|----------|
| SUBTOTALS This Period This Page (optional)..... ▶ | 83200.00 |
| TOTALS This Period (last page in this line only)..... ▶ | 83200.00 |

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