24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Liberty Fund	C C00623421
	0,,
Check if X 24-hour report 48-hour report New report Amends report filed	on
Full Name of Payee Charles Townsend LLC	Date of Public Distribution/Dissemination
	08
Mailing Address 811 W North Blvd	Amount
City State Zip Code	5000.00
Leesburg FL	Transaction ID : SE.7457 Date of Disbursement or Obligation
Purpose of Expenditure Yard signs Category/ Type 001	Man M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate X Support Office	e Sought:
LOOMER, LAURA, , , Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2022	ursement For: ✓ Primary General Other (specify) ✓
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calcinati Total To Bate	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	5000.00
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.	
	NB / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	