

**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.

12FE4M5

Liberty Unleashed

ADDRESS (number and street)

4101 HIATUS ROAD

SUITE 402

☐ Check if different than previously reported. (ACC)

SUNRISE

FL

33351

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00522482

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Jae Kim

Signature of Treasurer

Jae Kim

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Liberty Unleashed

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 01 2012

To:

 M M / D D / Y Y Y Y Y  
 09 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	26712.44	
(c) Total Receipts (from Line 19) .....	80054.19	108762.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	106766.63	108762.00
7. Total Disbursements (from Line 31) .....	105101.45	107096.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1665.18	1665.18
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	250.00	



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 Unleashed

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2012

To:

M M / D D / Y Y Y Y Y  
09 30 2012
**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).....

30338.33

40308.93

(ii) Unitemized .....

39715.86

56003.63

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

70054.19

96312.56

(b) Political Party Committees .....

10000.00

10000.00

(c) Other Political Committees

(such as PACs).....

0.00

2198.08

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

80054.19

108510.64

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

250.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1.36

## 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))..... ►

80054.19

108762.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

80054.19

108762.00

# **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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	105101.45	107096.82
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)) ..	105101.45	107096.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105101.45	107096.82

**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) .....	80054.19	108510.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80054.19	108510.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

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

Form/Schedule: F3XA

Transaction ID :

RE: ID#C00522482. This amended filing was prompted by your letter dated 2/12/2013. The original report was filed in error. It appears that an incomplete preliminary disbursements file was uploaded in lieu of the final completed file. As a result, the amended report addresses the items in your letter. Had the correct file been uploaded, none of the issues noted in your letter would have been included in the final version. Specifically, the negative amounts in Sched B, Line 29 were not voided checks. They were faulty data - a result of a volunteer initially incorrectly modifying records imported from our financial service providers correctly. All the items should have been recorded as expenditures. The 0.00 transactions were extraneous information, again the result of an import file from a financial services provider not being properly prepared. Additionally, the original report contained no record of our contributions. Note that the ending balance on the amended report matches the beginning balance on the subsequent 30 Day Post General report, as we continued to work off the correct file locally. We understand that the effects of this mistake is that both contributions and expenses were under-reported, and that the Commission may choose to take further actions. We can only apologize, assure you that our procedures have been modified to ensure this mistake does not happen again. - J.K.

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:  
(check only one)

PAGE 7 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

**A. Christopher Bartlett**

Mailing Address

9129 Harrison Ave.

City

Jacksonville

State

FL

Zip Code

32208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Student

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

08 / 20 / 2012

Transaction ID : SA11AI.5090

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

**B. Christopher Bartlett**

Mailing Address

9129 Harrison Ave.

City

Jacksonville

State

FL

Zip Code

32208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Student

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

08 / 22 / 2012

Transaction ID : SA11AI.5092

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**c. Christopher Bartlett**

Mailing Address

9129 Harrison Ave.

City

Jacksonville

State

FL

Zip Code

32208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Student

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.00

Date of Receipt

08 / 23 / 2012

Transaction ID : SA11AI.5093

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

280.00

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

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FOR LINE NUMBER:  
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PAGE 8 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

**A. Lisa Becerra**

Mailing Address

RT 2 BOX 264-E

City

MARLOW

State

OK

Zip Code

73055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

domestic engineer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.5002

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Adam Beck**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Jewelry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 21 / 2012

Transaction ID : SA11AI.4975

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**c. Charles Betz**

Mailing Address

1002 Hall Street

City

Tama

State

IA

Zip Code

52339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cisco Systems

Occupation

Technical Project Engineer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

382.50

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.5114

Amount of Each Receipt this Period

382.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1682.50



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

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Detailed Summary Page

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(check only one)

PAGE 9 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. George Briere**

Mailing Address

2831 Lakeshore Drive

City

Escanaba

State

MI

Zip Code

49829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Internet Marketer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 24 / 2012

Transaction ID : SA11AI.5143

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

## **B. Jase Carns**

Mailing Address

Best Efforts

City

Birmingham

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WeRock.tv

Occupation

Producer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 08 / 2012

Transaction ID : SA11AI.4995

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Jase Carns**

Mailing Address

Best Efforts

City

Birmingham

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WeRock.tv

Occupation

Producer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 14 / 2012

Transaction ID : SA11AI.4996

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2570.00

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

Use separate schedule(s)  
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Detailed Summary Page

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PAGE 10 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

**A. John Ciesar**

Mailing Address 13440 Arlington Lane

City State Zip Code  
Orland Park IL 60462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Illinois Urbana-

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3699.00

Date of Receipt

08 / 18 / 2012

Transaction ID : SA11AI.4998

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. John Ciesar**

Mailing Address 13440 Arlington Lane

City State Zip Code  
Orland Park IL 60462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Illinois Urbana-

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5199.00

Date of Receipt

08 / 20 / 2012

Transaction ID : SA11AI.4997

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. James Clayton**

Mailing Address Apt B8  
2801 12th St NW

City State Zip Code  
Albuquerque NM 87107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNM

Occupation

Mover II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.50

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.5196

Amount of Each Receipt this Period

382.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

5382.50

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

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Detailed Summary Page

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PAGE 11 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. Amanda Cooley**

Mailing Address

318 Hillside Church Road

City

Fountain Inn

State

SC

Zip Code

29644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carole Cooley, CPA

Occupation

office manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 14 / 2012

Transaction ID : SA11AI.5208

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

## **B. Harley Decesare**

Mailing Address

4 Yale Ave

City

Johnston

State

RI

Zip Code

02919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Tutor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.5258

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

## **C. BARBARA DUNN**

Mailing Address

230 PATRICIA LN

City

FAYETTEVILLE

State

GA

Zip Code

30214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Investigator/Process Server

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.50

Date of Receipt

07 / 05 / 2012

Transaction ID : SA11AI.5311

Amount of Each Receipt this Period

903.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1633.50

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

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 12 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. Faron Enterprises, Inc.**

Mailing Address

942 BALI RD

City

Cocoa Bch

State

FL

Zip Code

32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indext

Occupation

Receptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2012

**Transaction ID : SA11AI.5018**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. FreedomsPhoenix**

Mailing Address

4886 W Port Au Prince Ln

City

Glendale

State

AZ

Zip Code

85306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Paramedic/EMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2012

**Transaction ID : SA11AI.5024**

Amount of Each Receipt this Period

572.00

Full Name (Last, First, Middle Initial)

## **C. FreedomsPhoenix**

Mailing Address

4886 W Port Au Prince Ln

City

Glendale

State

AZ

Zip Code

85306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Paramedic/EMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

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

**Transaction ID : SA11AI.5023**

Amount of Each Receipt this Period

533.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1605.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. Free State Project, Inc**

Mailing Address

PO Box 1684

City

Keene

State

NH

Zip Code

03431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Army

Occupation

Medical Lab Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 20 / 2012

Transaction ID : SA11AI.5021

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. James Garsteck**

Mailing Address

213 third ave

City

scottsdale

State

PA

Zip Code

15683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pattern Maker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 30 / 2012

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

## **c. Tyler Godshall**

Mailing Address

1 Mobile Concession Dr

City

Tampa

State

FL

Zip Code

33625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Concessions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

07 / 12 / 2012

Transaction ID : SA11AI.5011

Amount of Each Receipt this Period

675.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1885.00

# **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 14 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

**A. Sharissa Greer**

Mailing Address 2302 Forest Road Circle

City State Zip Code  
 Norman OK 73026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

My Children

Mother

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11AI.5457**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**B. Ken Griffin**

Mailing Address 281 buena vista

City State Zip Code  
 hot springs AR 71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
HVACTech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2012

**Transaction ID : SA11AI.5466**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. Daniel Hall**

Mailing Address Apt. 309  
 2600 Netherland Ave.

City State Zip Code  
 Riverdale NY 10463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed American

Activest Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : SA11AI.5482**

Amount of Each Receipt this Period

382.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

756.50

# **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 15 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

**A. Jae Kim**

Mailing Address 26071 Talega Ave

City

Laguna Hills

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.4991

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Judith King**

Mailing Address 629 Lehman Street

City

Woodbury

State

TN

Zip Code

37190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Teacher

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

601.00

Date of Receipt

07 / 11 / 2012

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period

199.50

Full Name (Last, First, Middle Initial)

**C. Timothy Lester**

Mailing Address

144 Winkler Rd

City

East Windsor

State

CT

Zip Code

16088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

self

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 21 / 2012

Transaction ID : SA11AI.5661

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

449.50

# **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 16 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. Caleb Leverett**

Mailing Address

PO Box 12428

City

Odessa

State

TX

Zip Code

79768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Mechanic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2012

**Transaction ID : SA11AI.5663**

Amount of Each Receipt this Period

382.50

Full Name (Last, First, Middle Initial)

## **B. Greg Lipovac**

Mailing Address

2302 Southwood Drive

City

Appleton

State

WI

Zip Code

54915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Home Depot

Occupation

retail

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2012

**Transaction ID : SA11AI.5667**

Amount of Each Receipt this Period

382.50

Full Name (Last, First, Middle Initial)

## **C. tammy maloy**

Mailing Address

1348 stillwood chase

City

atlanta

State

GA

Zip Code

30306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

durango steak house

Occupation

sever

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 10 / 2012

**Transaction ID : SA11AI.5694**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

835.00



# **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 17 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

**A. James Morris**

Mailing Address

129 N. lakewood drive

City

Panama City

State

FL

Zip Code

32404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

James Auto Center

Occupation

Self employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

382.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : SA11AI.5766**

Amount of Each Receipt this Period

382.50

Full Name (Last, First, Middle Initial)

**B. Network America**

Mailing Address

PO Box 11339

City

Cincinnati

State

OH

Zip Code

45211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cree

Occupation

Engineer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2012

**Transaction ID : SA11AI.5026**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. SEAMAS O SCALAI DHE**

Mailing Address 118 MONROE ST

APT 1210

City

ROCKVILLE

State

MD

Zip Code

20850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Free State Project

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

348.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2012

**Transaction ID : SA11AI.5803**

Amount of Each Receipt this Period

348.08

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1230.58

# **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 18 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

**A. Lori Pyeatt**

Mailing Address

504 Brazoria

City

Lake Jackson

State

TX

Zip Code

77566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ron Paul

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

08 / 13 / 2012

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period

980.00

Full Name (Last, First, Middle Initial)

**B. Vicki Randolph**

Mailing Address 2900 Glasgow Dr.

City

Norman

State

OK

Zip Code

73072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.00

Date of Receipt

08 / 16 / 2012

Transaction ID : SA11AI.5012

Amount of Each Receipt this Period

575.00

Full Name (Last, First, Middle Initial)

**C. clayton remy**

Mailing Address

4527 grantwood drive

City

parma

State

OH

Zip Code

44134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

08 / 12 / 2012

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period

386.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1941.00

# **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 19 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

**A. Nick Riali**

Mailing Address

3905 Van Buren St Ne

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

YouTube Creator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2012

**Transaction ID : SA11AI.5929**

Amount of Each Receipt this Period

382.50

Full Name (Last, First, Middle Initial)

**B. Elaine Ribeiro**

Mailing Address

171 Regan lane

City

Portland

State

ME

Zip Code

04103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PSI

Occupation

merchandizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : SA11AI.5931**

Amount of Each Receipt this Period

453.50

Full Name (Last, First, Middle Initial)

**C. Jerry Rose**

Mailing Address

9329 Infirmary Road

City

Mantua

State

OH

Zip Code

44255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2012

**Transaction ID : SA11AI.5961**

Amount of Each Receipt this Period

259.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1095.00

# **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 20 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

**A. Zoe Russell**

Mailing Address

405 Bayshore Drive

City

LA PORTE

State

TX

Zip Code

77571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Zilkha Biomass Energy LLC

Occupation

Logistics Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 24 / 2012

Transaction ID : SA11AI.5972

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Steven Schapiro**

Mailing Address

P.O. Box 21118

City

Charleston

State

SC

Zip Code

29413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anchored Solutions

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 09 / 2012

Transaction ID : SA11AI.5007

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

**C. Ivan Serrano**

Mailing Address

2559 Harn Blvd

City

Clearwater

State

FL

Zip Code

33764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Coffee Dist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 30 / 2012

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1095.00

# **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 21 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

**A. Steven Smith**

Mailing Address

9B Richardson Dr

City

Derry

State

NH

Zip Code

03038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Club 313

Occupation

barback

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 14 / 2012

Transaction ID : SA11AI.6032

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**B. Soopermodels LLC**

Mailing Address

411 E AMELIA ST

City

ORLANDO

State

FL

Zip Code

32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

07 / 25 / 2012

Transaction ID : SA11AI.5028

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**C. Soopermodels LLC**

Mailing Address

411 E AMELIA ST

City

ORLANDO

State

FL

Zip Code

32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 16 / 2012

Transaction ID : SA11AI.5029

Amount of Each Receipt this Period

1875.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2950.00

# **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 22 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. Kimberly Sorensen**

Mailing Address 25834 Sunrise Way

City State Zip Code  
 Loma Linda CA 92354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nurse Practitioner

Occupation

Planned Parenthood of the Pacific Sout

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2012

Transaction ID : SA11AI.6037

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

## **B. Laurance Sorrentino**

Mailing Address

11108 Hartsook Street

City State Zip Code  
 Los Angeles CA 91601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Retired - Vietnam Vet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2012

Transaction ID : SA11AI.6039

Amount of Each Receipt this Period

287.25

Full Name (Last, First, Middle Initial)

## **C. Shelby St. Gelais**

Mailing Address

1129 Eagle Way

City State Zip Code  
 Virginia Beach VA 23456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Noyes Craddock, Inc.

Occupation

Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

Transaction ID : SA11AI.6043

Amount of Each Receipt this Period

903.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1260.75

# **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 23 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. Dale Steinreich**

Mailing Address

P.O. Box 2764

City

Auburn

State

AL

Zip Code

36831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Drury University

Occupation

Instructor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.6051

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

## **B. Jessica Sullivan**

Mailing Address PMB 4349

2879 HWY 160 W

City

tega cay

State

SC

Zip Code

29708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Century 21

Occupation

realtor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 29 / 2012

Transaction ID : SA11AI.6066

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

## **C. Biko Sunflower**

Mailing Address Apt. 6

2925 SE 50th Ave

City

Portland

State

OR

Zip Code

97206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Mac Store

Occupation

Computer Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

07 / 18 / 2012

Transaction ID : SA11AI.6071

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1180.00

# **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 24 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. Alexandra Symeon**

Mailing Address

15450 S. Brookfield St.

City

Olathe

State

KS

Zip Code

66062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Salesfocus

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2012

**Transaction ID : SA11AI.6083**

Amount of Each Receipt this Period

201.50

Full Name (Last, First, Middle Initial)

## **B. Austin Taylor**

Mailing Address

7043 Melting Shadows Lane

City

Columbia

State

MD

Zip Code

21045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DoD

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 23 / 2012

**Transaction ID : SA11AI.6091**

Amount of Each Receipt this Period

119.00

Full Name (Last, First, Middle Initial)

## **C. The Poison Plum**

Mailing Address

1510 Airport Boulevard

City

Pensacola

State

FL

Zip Code

32504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United States Air Force

Occupation

Ophthalmic Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2012

**Transaction ID : SA11AI.5031**

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

945.50



# **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 25 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. David West**

Mailing Address

1533 Jasper Street

City

Medford

State

OR

Zip Code

97501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Buck The System

Occupation

Filmmaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

849.50

Date of Receipt

08 / 19 / 2012

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

## **B. Linton Wright**

Mailing Address

Best Efforts

City

Birmingham

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

best efforts

Occupation

best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 04 / 2012

Transaction ID : SA11AI.5000

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

## **C. John Yowan**

Mailing Address Apt 4202

1141 Kendall Town Boulevard

City

Jacksonville

State

FL

Zip Code

32225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United States Navy

Occupation

United States Navy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

07 / 18 / 2012

Transaction ID : SA11AI.6227

Amount of Each Receipt this Period

386.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1561.00

30338.33

# **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 26 OF 75

☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. LIBERTARIAN NATIONAL COMMITTEE, INC.**

Mailing Address 2600 VIRGINIA AVE NW  
SUITE 200

City State Zip Code  
WASHINGTON DC 20037

FEC ID number of contributing  
federal political committee.

**C** C00255695

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**08 / 01 / 2012**

**Transaction ID : SA11B.6421**

Amount of Each Receipt this Period

5000.00

Sponsorship Fee

Full Name (Last, First, Middle Initial)

## **B. LIBERTARIAN NATIONAL COMMITTEE, INC.**

Mailing Address 2600 VIRGINIA AVE NW  
SUITE 200

City State Zip Code  
WASHINGTON DC 20037

FEC ID number of contributing  
federal political committee.

**C** C00255695

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**08 / 23 / 2012**

**Transaction ID : SA11B.6423**

Amount of Each Receipt this Period

5000.00

Sponsorship Fee

Full Name (Last, First, Middle Initial)

## **C.**

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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

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

10000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Adventure Promotions**

Mailing Address 3125 61st Way

City	State	Zip Code
St. Petersburg	FL	33710

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2012

Transaction ID : SB29.4826

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**B. Airtran Air**

Mailing Address 1800 Phoenix Blvd

City	State	Zip Code
Atlanta	GA	30349

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

Transaction ID : SB29.4865

Amount of Each Disbursement this Period

119.80
--------

Full Name (Last, First, Middle Initial)

**C. Airtran Air**

Mailing Address 1800 Phoenix Blvd

City	State	Zip Code
Atlanta	GA	30349

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2012

Transaction ID : SB29.4866

Amount of Each Disbursement this Period

119.80
--------

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

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

639.60
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City	State	Zip Code
Fort Worth	TX	76155

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2012

Transaction ID : SB29.4842

Amount of Each Disbursement this Period

280.40
--------

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City	State	Zip Code
Fort Worth	TX	76155

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2012

Transaction ID : SB29.4914

Amount of Each Disbursement this Period

24.00
-------

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City	State	Zip Code
Fort Worth	TX	76155

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2012

Transaction ID : SB29.4819

Amount of Each Disbursement this Period

547.20
--------

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

851.60
--------

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

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Artist Group International**

Mailing Address 150 East 58th Street 19th Floor

City	State	Zip Code
New York	NY	10155

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2012

Transaction ID : SB29.4781

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Authorize.Net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Clearing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Transaction ID : SB29.4901

Amount of Each Disbursement this Period

36.00
-------

Full Name (Last, First, Middle Initial)

**C. Authorize.Net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Clearing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Transaction ID : SB29.4973

Amount of Each Disbursement this Period

65.72
-------

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

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

5101.72
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Authorize.Net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Clearing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2012

Transaction ID : SB29.4971

Amount of Each Disbursement this Period

83.27
-------

Full Name (Last, First, Middle Initial)

**B. Authorize.Net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Clearing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2012

Transaction ID : SB29.4912

Amount of Each Disbursement this Period

33.00
-------

Full Name (Last, First, Middle Initial)

**C. Authorize.Net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Clearing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2012

Transaction ID : SB29.4970

Amount of Each Disbursement this Period

138.08
--------

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

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

254.35
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Authorize.Net**

Mailing Address PO Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Clearing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4972

Amount of Each Disbursement this Period

71.53
-------

Full Name (Last, First, Middle Initial)

**B. Bank Of America**

Mailing Address 299 Ocean Ave

City	State	Zip Code
Laguna Bch	CA	92651

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : SB29.4909

Amount of Each Disbursement this Period

35.00
-------

Full Name (Last, First, Middle Initial)

**C. Bank Of America**

Mailing Address 299 Ocean Ave

City	State	Zip Code
Laguna Bch	CA	92651

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : SB29.4910

Amount of Each Disbursement this Period

35.00
-------

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

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

141.53



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 299 Ocean Ave

City	State	Zip Code
Laguna Bch	CA	92651

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : SB29.4911

Amount of Each Disbursement this Period

35.00
-------

Full Name (Last, First, Middle Initial)

**B. Bank Of America**

Mailing Address 299 Ocean Ave

City	State	Zip Code
Laguna Bch	CA	92651

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : SB29.4904

Amount of Each Disbursement this Period

35.00
-------

Full Name (Last, First, Middle Initial)

**C. Bank Of America**

Mailing Address 299 Ocean Ave

City	State	Zip Code
Laguna Bch	CA	92651

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : SB29.4905

Amount of Each Disbursement this Period

35.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

105.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 299 Ocean Ave

City	State	Zip Code
Laguna Bch	CA	92651

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : SB29.4902

Amount of Each Disbursement this Period

35.00
-------

Full Name (Last, First, Middle Initial)

**B. Bank Of America**

Mailing Address 299 Ocean Ave

City	State	Zip Code
Laguna Bch	CA	92651

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : SB29.4906

Amount of Each Disbursement this Period

35.00
-------

Full Name (Last, First, Middle Initial)

**C. Bank Of America**

Mailing Address 299 Ocean Ave

City	State	Zip Code
Laguna Bch	CA	92651

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : SB29.4907

Amount of Each Disbursement this Period

35.00
-------

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

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

105.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 75

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. Walter Block**

Mailing Address 6363 St. Charles Ave.

City State Zip Code  
 New Orleans LA 70118

Purpose of Disbursement  
 Artist Performance 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 Y Y  
 08 / 28 / 2012

**Transaction ID : SB29.4848**

Amount of Each Disbursement this Period

264.20

Full Name (Last, First, Middle Initial)

## **B. Bouncy Times**

Mailing Address P.O. Box 4054

City State Zip Code  
 Holiday FL 34692

Purpose of Disbursement  
 Equipment Rental

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 Y Y  
 08 / 29 / 2012

**Transaction ID : SB29.4815**

Amount of Each Disbursement this Period

588.50

Full Name (Last, First, Middle Initial)

## **C. Broadcast Music Inc**

Mailing Address 10 Music Square E

City State Zip Code  
 Nashville TN 37203

Purpose of Disbursement  
 Artist Performance 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 Y Y  
 08 / 24 / 2012

**Transaction ID : SB29.4853**

Amount of Each Disbursement this Period

225.00

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

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

1077.70

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Michael Brown**

Mailing Address Best Efforts

City	State	Zip Code
Best Efforts	CA	92065

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2012

Transaction ID : SB29.4930

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Chuck Baldwin Live**

Mailing Address P.O. Box 10

City	State	Zip Code
Kila	MT	59920

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2012

Transaction ID : SB29.4800

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Circle II Circle**

Mailing Address 822 Castleton Street

City	State	Zip Code
Los Angeles	CA	93906

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SB29.4802

Amount of Each Disbursement this Period

1250.00
---------

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

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

3250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 75

<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 Unleashed**

Full Name (Last, First, Middle Initial)

**A. Clarion Hotel**

Mailing Address 2701 E. Fowler Avenue

City	State	Zip Code
Tampa	FL	33612

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

**Transaction ID : SB29.4852**

Amount of Each Disbursement this Period

227.28
--------

Full Name (Last, First, Middle Initial)

**B. Coda Sound Inc**

Mailing Address

4819 N Hale Ave

City	State	Zip Code
, Tampa,	FL	33614

Purpose of Disbursement  
Equipment Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

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

**Transaction ID : SB29.4774**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**C. Coda Sound Inc**

Mailing Address

4819 N Hale Ave

City	State	Zip Code
, Tampa,	FL	33614

Purpose of Disbursement  
Equipment Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2012

**Transaction ID : SB29.4784**

Amount of Each Disbursement this Period

3952.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19179.28
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Corrected Axiom**

Mailing Address Best Efforts

City	State	Zip Code
Stroudsville	PA	18360

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2012

Transaction ID : SB29.4968

Amount of Each Disbursement this Period

922.00
--------

Full Name (Last, First, Middle Initial)

**B. Delta AirLines**

Mailing Address P.O. Box 20706

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2012

Transaction ID : SB29.4821

Amount of Each Disbursement this Period

527.00
--------

Full Name (Last, First, Middle Initial)

**C. Delta AirLines**

Mailing Address P.O. Box 20706

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : SB29.4854

Amount of Each Disbursement this Period

218.70
--------

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

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

1667.70
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Delta AirLines**

Mailing Address P.O. Box 20706

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

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

Transaction ID : SB29.4823

Amount of Each Disbursement this Period

417.20
--------

Full Name (Last, First, Middle Initial)

**B. Delta AirLines**

Mailing Address P.O. Box 20706

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

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

Transaction ID : SB29.4850

Amount of Each Disbursement this Period

236.40
--------

Full Name (Last, First, Middle Initial)

**C. Exhibitor Insure Now**

Mailing Address 1410 Quannah Ct

City	State	Zip Code
Allen	TX	75013

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2012

Transaction ID : SB29.4832

Amount of Each Disbursement this Period

340.00
--------

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

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

993.60
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. FedEx Office**

Mailing Address 4618 W Kennedy Blvd

City	State	Zip Code
Tampa,	FL	33609

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2012

Transaction ID : SB29.4835

Amount of Each Disbursement this Period

304.42
--------

Full Name (Last, First, Middle Initial)

**B. Florida Sportstalk, Inc.**

Mailing Address 800 8th Ave. SE

City	State	Zip Code
Largo	FL	33771

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2012

Transaction ID : SB29.4837

Amount of Each Disbursement this Period

301.00
--------

Full Name (Last, First, Middle Initial)

**C. Florida State Fairgrounds**

Mailing Address P.O. Box 11766

City	State	Zip Code
Tampa	FL	33610

Purpose of Disbursement  
Venue Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : SB29.4776

Amount of Each Disbursement this Period

10000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

10605.42
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Florida State Fairgrounds**

Mailing Address P.O. Box 11766

City  
TampaState  
FLZip Code  
33610Purpose of Disbursement  
Venue Rental

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : SB29.4779

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Heartless Reunion**

Mailing Address PO Box 507

City  
GreendaleState  
WIZip Code  
53129Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2012

Transaction ID : SB29.4798

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Michelle Imbruglia**

Mailing Address 3149 Dundee Rd

City  
NorthbrookState  
ILZip Code  
60062Purpose of Disbursement  
Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2012

Transaction ID : SB29.4839

Amount of Each Disbursement this Period

300.00
--------

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

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

6800.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Jet Blue Airlines**

Mailing Address 118-29 Queens Blvd.

City	State	Zip Code
Forest Hills	NY	11375

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

Transaction ID : SB29.4844

Amount of Each Disbursement this Period

273.80
--------

Full Name (Last, First, Middle Initial)

**B. Jet Blue Airlines**

Mailing Address 118-29 Queens Blvd.

City	State	Zip Code
Forest Hills	NY	11375

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

Transaction ID : SB29.4875

Amount of Each Disbursement this Period

98.80
-------

Full Name (Last, First, Middle Initial)

**C. Jet Blue Airlines**

Mailing Address 118-29 Queens Blvd.

City	State	Zip Code
Forest Hills	NY	11375

Purpose of Disbursement  
Travel / Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

Transaction ID : SB29.4876

Amount of Each Disbursement this Period

98.80
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SUBTOTAL of Disbursements This Page (optional).....▶

471.40
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TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Jordan Page Music**

Mailing Address 97 Breakwater Dr

City	State	Zip Code
Annapolis	MD	21403

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4792

Amount of Each Disbursement this Period

2300.00
---------

Full Name (Last, First, Middle Initial)

**B. Richard Mack**

Mailing Address 112 Ridgewood Dr.

City	State	Zip Code
Fredericksburg	TX	78624

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2012

Transaction ID : SB29.4813

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**C. MassHQ**

Mailing Address 968 Lamar St

City	State	Zip Code
Ramona	CA	92065

Purpose of Disbursement  
T-Shirts

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : SB29.4931

Amount of Each Disbursement this Period

993.28
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SUBTOTAL of Disbursements This Page (optional).....▶

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

3993.28
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. MassHQ**

Mailing Address 968 Lamar St

City	State	Zip Code
Ramona	CA	92065

Purpose of Disbursement  
T-Shirts

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : SB29.4932

Amount of Each Disbursement this Period

3355.00
---------

Full Name (Last, First, Middle Initial)

**B. Mobile Gaming Revolution**

Mailing Address 400 N. Ashley Drive,

City	State	Zip Code
Tampa	FL	33602

Purpose of Disbursement  
Equipment Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

Transaction ID : SB29.4811

Amount of Each Disbursement this Period

823.00
--------

Full Name (Last, First, Middle Initial)

**C. Mobile Gaming Revolution**

Mailing Address 400 N. Ashley Drive,

City	State	Zip Code
Tampa	FL	33602

Purpose of Disbursement  
Equipment Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2012

Transaction ID : SB29.4810

Amount of Each Disbursement this Period

823.00
--------

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

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

5001.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

**Transaction ID : SB29.4828**

Amount of Each Disbursement this Period

360.57
--------

Full Name (Last, First, Middle Initial)

**B. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

**Transaction ID : SB29.4829**

Amount of Each Disbursement this Period

360.57
--------

Full Name (Last, First, Middle Initial)

**C. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

**Transaction ID : SB29.4830**

Amount of Each Disbursement this Period

360.57
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1081.71
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4855

Amount of Each Disbursement this Period

206.04
--------

Full Name (Last, First, Middle Initial)

**B. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4861

Amount of Each Disbursement this Period

134.37
--------

Full Name (Last, First, Middle Initial)

**C. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4867

Amount of Each Disbursement this Period

116.46
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

456.87
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4868

Amount of Each Disbursement this Period

116.46
--------

Full Name (Last, First, Middle Initial)

**B. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4869

Amount of Each Disbursement this Period

116.46
--------

Full Name (Last, First, Middle Initial)

**C. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4872

Amount of Each Disbursement this Period

103.02
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SUBTOTAL of Disbursements This Page (optional)..... ►

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

335.94
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4873

Amount of Each Disbursement this Period

103.02
--------

Full Name (Last, First, Middle Initial)

**B. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4874

Amount of Each Disbursement this Period

103.02
--------

Full Name (Last, First, Middle Initial)

**C. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4877

Amount of Each Disbursement this Period

89.58
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SUBTOTAL of Disbursements This Page (optional).....▶

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

295.62
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4887

Amount of Each Disbursement this Period

51.51
-------

Full Name (Last, First, Middle Initial)

**B. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4849

Amount of Each Disbursement this Period

257.55
--------

Full Name (Last, First, Middle Initial)

**C. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4851

Amount of Each Disbursement this Period

232.92
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SUBTOTAL of Disbursements This Page (optional).....▶

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

541.98
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4870

Amount of Each Disbursement this Period

116.46
--------

Full Name (Last, First, Middle Initial)

**B. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4871

Amount of Each Disbursement this Period

116.46
--------

Full Name (Last, First, Middle Initial)

**C. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4879

Amount of Each Disbursement this Period

58.23
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SUBTOTAL of Disbursements This Page (optional)..... ►

291.15
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TOTAL This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City

Tampa

State

FL

Zip Code

33619

Purpose of Disbursement

Hotel / Lodging

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

**Transaction ID : SB29.4880**

Amount of Each Disbursement this Period

58.23
-------

Full Name (Last, First, Middle Initial)

**B. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City

Tampa

State

FL

Zip Code

33619

Purpose of Disbursement

Hotel / Lodging

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

**Transaction ID : SB29.4881**

Amount of Each Disbursement this Period

58.23
-------

Full Name (Last, First, Middle Initial)

**C. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City

Tampa

State

FL

Zip Code

33619

Purpose of Disbursement

Hotel / Lodging

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

**Transaction ID : SB29.4882**

Amount of Each Disbursement this Period

58.23
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

174.69

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

# Liberty Unleashed

**A. Motel 6 #4838**

Category/  
Type

58.23

State:  District:

**B. Motel 6 #4838**

Category/  
Type

58.23

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**C. Motel 6 #4838**

Category/  
Type

51.51

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

167.97

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City

Tampa

State

FL

Zip Code

33619

Purpose of Disbursement

Hotel / Lodging

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4889

Amount of Each Disbursement this Period

51.51
-------

Full Name (Last, First, Middle Initial)

**B. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City

Tampa

State

FL

Zip Code

33619

Purpose of Disbursement

Hotel / Lodging

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4890

Amount of Each Disbursement this Period

51.51
-------

Full Name (Last, First, Middle Initial)

**C. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City

Tampa

State

FL

Zip Code

33619

Purpose of Disbursement

Hotel / Lodging

Candidate Name

Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4891

Amount of Each Disbursement this Period

51.51
-------

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

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

154.53
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

# Liberty Unleashed

**A. Motel 6 #4838**

Category/  
Type

51.51

State:  District:

**B. Motel 6 #4838**

MM / DD / YYYY

Category/  
Type

51.51

State:  District:

**C. Motel 6 #4838**

Category/  
Type

44.79

State:  District:

Age Group	Percentage
18-24	100
25-34	100
35-44	100
45-54	100
55-64	100
65-74	100
75-84	100
85+	147.81

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4897

Amount of Each Disbursement this Period

44.79
-------

Full Name (Last, First, Middle Initial)

**B. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4898

Amount of Each Disbursement this Period

44.79
-------

Full Name (Last, First, Middle Initial)

**C. Motel 6 #4838**

Mailing Address 9942 Adamo Drive

City	State	Zip Code
Tampa	FL	33619

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4899

Amount of Each Disbursement this Period

44.79
-------

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

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

134.37

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

# Liberty Unleashed

**A. Motel 6 #4838**

Category/  
Type

44.79

State:  District:

**B. Motel 6 #4838**

MM / DD / YYYY

Category/  
Type

89.58

State:  District:

**C. Motel 6 #4838**

Category/  
Type

51.51

State:  District:

Age Group	Number of people
13-17	10
18-24	20
25-34	30
35-44	40
45-54	50
55-64	60
65-74	70
75-84	80
85+	90
<b>Total</b>	<b>185.88</b>



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Steve Parent**

Mailing Address Best Efforts

City	State	Zip Code
Best Efforts	CA	95131

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2012

Transaction ID : SB29.4969

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2012

Transaction ID : SB29.4943

Amount of Each Disbursement this Period

29.30
-------

Full Name (Last, First, Middle Initial)

**C. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2012

Transaction ID : SB29.4950

Amount of Each Disbursement this Period

15.53
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SUBTOTAL of Disbursements This Page (optional).....▶

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

1044.83
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2012

Transaction ID : SB29.4952

Amount of Each Disbursement this Period

14.80
-------

Full Name (Last, First, Middle Initial)

**B. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2012

Transaction ID : SB29.4939

Amount of Each Disbursement this Period

43.80
-------

Full Name (Last, First, Middle Initial)

**C. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2012

Transaction ID : SB29.4938

Amount of Each Disbursement this Period

54.68
-------

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

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

113.28



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : SB29.4962

Amount of Each Disbursement this Period

0.59
------

Full Name (Last, First, Middle Initial)

**B. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2012

Transaction ID : SB29.4937

Amount of Each Disbursement this Period

101.80
--------

Full Name (Last, First, Middle Initial)

**C. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2012

Transaction ID : SB29.4945

Amount of Each Disbursement this Period

19.15
-------

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

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

121.54
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4956

Amount of Each Disbursement this Period

3.20
------

Full Name (Last, First, Middle Initial)

**B. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2012

Transaction ID : SB29.4957

Amount of Each Disbursement this Period

1.32
------

Full Name (Last, First, Middle Initial)

**C. Paypal, Inc**

Mailing Address 2211 N First St

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2012

Transaction ID : SB29.4963

Amount of Each Disbursement this Period

0.59
------

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

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

5.11
------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 75

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. Paypal, Inc**

Mailing Address 2211 N First St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Processing 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 Y  
08 / 29 / 2012

**Transaction ID : SB29.4964**

Amount of Each Disbursement this Period

0.59

Full Name (Last, First, Middle Initial)

## **B. Paypal, Inc**

Mailing Address 2211 N First St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Processing 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 Y  
08 / 30 / 2012

**Transaction ID : SB29.4965**

Amount of Each Disbursement this Period

0.59

Full Name (Last, First, Middle Initial)

## **C. Paypal, Inc**

Mailing Address 2211 N First St

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Processing 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 Y  
09 / 02 / 2012

**Transaction ID : SB29.4960**

Amount of Each Disbursement this Period

0.88

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

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

2.06

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

# Liberty Unleashed

Category/  
Type

Age Group	Percentage
18-24	0.59
25-34	0.18
35-44	0.12
45-54	0.08
55-64	0.05
65-74	0.03
75-84	0.02
85+	0.01

MM / DD / YYYY

Category/  
Type

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	0.59%

A diagram of a rectangular frame with four vertical supports. The frame is represented by a rectangle with a thick border. Inside the rectangle, there are four vertical lines, one in each quadrant, representing supports. The top and bottom horizontal lines are thicker than the side vertical lines.

Category/  
Type

Age Group	Percentage
18-24	3.20
25-34	2.80
35-44	2.50
45-54	2.20
55-64	1.90
65-74	1.60
75-84	1.30
85+	1.00

4.38

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



	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

# Liberty Unleashed



State:  District:

MM / DD / YYYY

299.00

State:  District:

700.00

State:  District:

999.88

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Revolution Travel Management**

Mailing Address 1725 S. 155th W. Suite 6,

City	State	Zip Code
Goddard	KS	67052

Purpose of Disbursement  
Travel Agent Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2012

Transaction ID : SB29.4933

Amount of Each Disbursement this Period

404.00
--------

Full Name (Last, First, Middle Initial)

**B. Revolution Travel Management**

Mailing Address 1725 S. 155th W. Suite 6,

City	State	Zip Code
Goddard	KS	67052

Purpose of Disbursement  
Travel Agent Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2012

Transaction ID : SB29.4783

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. Sheraton Tampa East**

Mailing Address 10221 Princess Palm Avenue

City	State	Zip Code
Tampa	FL	33610

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2012

Transaction ID : SB29.4778

Amount of Each Disbursement this Period

7000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

11404.00
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<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

# Liberty Unleashed

Category/  
Type

2500.00

State:  District:

Candidate Name

Category/  
Type

2500.00

State:  District:

Three digital displays showing the date 08/23/2012 in MM/DD/YYYY format. The first display shows '08' with 'M' labels above. The second shows '23' with 'D' labels above. The third shows '2012' with 'Y' labels above. Each display has a small square indicator above each digit.

Candidate Name

Category/  
Type

2500.00

State:  District:

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Sheraton Tampa East**

Mailing Address 10221 Princess Palm Avenue

City Tampa	State FL	Zip Code 33610
---------------	-------------	-------------------

Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2012

Transaction ID : SB29.4790

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Sheraton Tampa East**

Mailing Address 10221 Princess Palm Avenue

City Tampa	State FL	Zip Code 33610
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Purpose of Disbursement  
Hotel / Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : SB29.4920

Amount of Each Disbursement this Period

9.95
------

Full Name (Last, First, Middle Initial)

**C. Steve Vaus Music**

Mailing Address 12827 Corte Dorotea

City Poway	State CA	Zip Code 92064
---------------	-------------	-------------------

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

Transaction ID : SB29.4804

Amount of Each Disbursement this Period

1150.00
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SUBTOTAL of Disbursements This Page (optional).....▶

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

3659.95
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Suncoast Convention Services**

Mailing Address 4800 U.S. Hwy. 301 N

City	State	Zip Code
Tampa	FL	33610

Purpose of Disbursement  
Site Preparation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : SB29.4796

Amount of Each Disbursement this Period

1947.40
---------

Full Name (Last, First, Middle Initial)

**B. Kevin Sychta**

Mailing Address Best Efforts

City	State	Zip Code
Detroit	MI	48201

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2012

Transaction ID : SB29.4935

Amount of Each Disbursement this Period

1025.00
---------

Full Name (Last, First, Middle Initial)

**C. Tatiana Moroz Music**

Mailing Address Best Efforts

City	State	Zip Code
Best Efforts	NY	10016

Purpose of Disbursement  
Artist Performance Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2012

Transaction ID : SB29.4928

Amount of Each Disbursement this Period

1000.00
---------

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

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

3972.40
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 OF 75

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Liberty Unleashed**

Full Name (Last, First, Middle Initial)

## **A. TBA Communications**

Mailing Address 6302 Benjamin Rd.

City Tampa State FL Zip Code 33634

Purpose of Disbursement  
Advertising

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 Y  
08 / 24 / 2012

**Transaction ID : SB29.4808**

Amount of Each Disbursement this Period

914.80

Full Name (Last, First, Middle Initial)

## **B. U.S. Tent Rental**

Mailing Address 2006 72 nd Drive East

City Sarasota State FL Zip Code 34243

Purpose of Disbursement  
Equipment Rental

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 Y  
08 / 24 / 2012

**Transaction ID : SB29.4786**

Amount of Each Disbursement this Period

3767.05

Full Name (Last, First, Middle Initial)

## **C. Wild West Media Productions**

Mailing Address 284C E Lake Mead Parkway

City Henderson State NV Zip Code 89015

Purpose of Disbursement  
Video 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 Y  
07 / 27 / 2012

**Transaction ID : SB29.4806**

Amount of Each Disbursement this Period

1000.00

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

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

5681.85

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 75

<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 Unleashed

Full Name (Last, First, Middle Initial)

**A. Wordcross Enterprises**

Mailing Address 6185 Huntley Road

City	State	Zip Code
Columbus	OH	43229

Purpose of Disbursement  
Ticket Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2012

Transaction ID : SB29.4817

Amount of Each Disbursement this Period

571.00
--------

Full Name (Last, First, Middle Initial)

**B. Wordcross Enterprises**

Mailing Address 6185 Huntley Road

City	State	Zip Code
Columbus	OH	43229

Purpose of Disbursement  
Ticket Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2012

Transaction ID : SB29.4845

Amount of Each Disbursement this Period

269.00
--------

Full Name (Last, First, Middle Initial)

**C. Wordcross Enterprises**

Mailing Address 6185 Huntley Road

City	State	Zip Code
Columbus	OH	43229

Purpose of Disbursement  
Ticket Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2012

Transaction ID : SB29.4846

Amount of Each Disbursement this Period

265.00
--------

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

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

1105.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

# Liberty Unleashed

103395.88



**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 73 OF 75

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4542

Liberty Unleashed

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Jae Kim

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 26071 Talega Ave

City Laguna Hills

State CA

ZIP Code 92653

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 01 / 2012

Date Due

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

12/31/2012

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

50.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 74 OF 75

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4532

Liberty Unleashed

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Jae Kim

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 26071 Talega Ave

City Laguna Hills

State CA

ZIP Code 92653

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 15 / 2012

Date Due

M M / D D / Y Y Y Y

12/31/2012

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

100.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 75 OF 75

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4533

Liberty Unleashed

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Jae Kim

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 26071 Talega Ave

City Laguna Hills

State CA

ZIP Code 92653

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 15 / 2012

Date Due

M M / D D / Y Y Y Y

12/31/2012

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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)..... ►

100.00

**TOTALS** This Period (last page in this line only)..... ►

250.00

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