

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 for All Action Fund

ADDRESS (number and street) PO Box 25394 Alexandria VA 22313 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00514653 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2017 through 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Marston, Christopher, M, Type or Print Name of Treasurer

Signature of Treasurer Marston, Christopher, M, [Electronically Filed] Date 01 / 30 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Liberty for All Action Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		30648.85
(b) Cash on Hand at Beginning of Reporting Period.....	20228.15	
(c) Total Receipts (from Line 19)	53415.34	53928.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73643.49	84577.40
7. Total Disbursements (from Line 31).....	41816.15	52750.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	31827.34	31827.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Write or Type Committee Name

Liberty for All Action Fund

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1.51	1.51
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	53413.83	53927.04
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)).....▶	53415.34	53928.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	53415.34	53928.55

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	10933.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	10933.91
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	41816.15	41816.15
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	41816.15	52750.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41816.15	52750.06

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	10933.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1.51	1.51
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 1.51	10932.40

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

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

A. RUFER, CHRIS, J., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **THE MORNING STAR COMPANY**
724 MAIN STREET

City **WOODLAND** State **CA** Zip Code **95695-3491**

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

Name of Employer (for Individual) **THE MORNING STAR COMPANY** Occupation (for Individual) **AGRIBUSINESS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
11 / 13 / 2017

Transaction ID : SA17.1220

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. AMAZON.COM
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **410 TERRY AVE**

City **SEATTLE** State **WA** Zip Code **98104**

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1943.08

Date of Receipt
09 / 11 / 2017

Transaction ID : SA17.970

Amount of Each Receipt this Period
1943.08

Memo Item
REFUND

C. CONSERVATIVE CONNECTOR LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **425 E MAIN ST**
STE 250

City **GREENWOOD** State **IN** Zip Code **46143**

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1983.69

Date of Receipt
08 / 01 / 2017

Transaction ID : SA17.926

Amount of Each Receipt this Period
386.09

Memo Item
LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional).....	52329.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. CONSERVATIVE CONNECTOR LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 E MAIN ST
STE 250

City GREENWOOD State IN Zip Code 46143

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1983.69

Date of Receipt
MM / DD / YYYY
09 / 05 / 2017

Transaction ID : SA17.927

Amount of Each Receipt this Period
26.80

Memo Item
LIST RENTAL INCOME

B. CONSERVATIVE CONNECTOR LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 E MAIN ST
STE 250

City GREENWOOD State IN Zip Code 46143

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1983.69

Date of Receipt
MM / DD / YYYY
10 / 30 / 2017

Transaction ID : SA17.928

Amount of Each Receipt this Period
647.84

Memo Item
LIST RENTAL INCOME

C. CONSERVATIVE CONNECTOR LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 E MAIN ST
STE 250

City GREENWOOD State IN Zip Code 46143

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1983.69

Date of Receipt
MM / DD / YYYY
12 / 01 / 2017

Transaction ID : SA17.929

Amount of Each Receipt this Period
216.21

Memo Item
LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional).....	890.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CONSERVATIVE CONNECTOR LLC		Date of Receipt
Mailing Address 425 E MAIN ST STE 250		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City GREENWOOD	State IN	Zip Code 46143
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.930
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="74.93"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item LIST RENTAL INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1983.69"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CONSERVATIVE CONNECTOR LLC		Date of Receipt
Mailing Address 425 E MAIN ST STE 250		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2017"/>
City GREENWOOD	State IN	Zip Code 46143
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.937
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="51.18"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item LIST RENTAL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1983.69"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CONSERVATIVE CONNECTOR LLC		Date of Receipt
Mailing Address 425 E MAIN ST STE 250		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City GREENWOOD	State IN	Zip Code 46143
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.938
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="67.57"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item LIST RENTAL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1983.69"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="193.68"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="53413.70"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. RAMSEY, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB29.I1001

Amount of Each Disbursement this Period: 200.00

Memo Item

B. RAMSEY, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB29.I1007

Amount of Each Disbursement this Period: 200.00

Memo Item

C. RAMSEY, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 26 / 2017

FEC Identification Number: C

Transaction ID : SB29.I1016

Amount of Each Disbursement this Period: 200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 600.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RAMSEY, JOHN, , ,		Date of Disbursement MM / DD / YYYY 07 / 03 / 2017	
Mailing Address P.O. BOX 26141		FEC Identification Number C [] Transaction ID : SB29.I942 Amount of Each Disbursement this Period [] 300.00	
City ALEXANDRIA	State VA	Zip Code 22313	Category/ Type []
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. RAMSEY, JOHN, , ,		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017	
Mailing Address P.O. BOX 26141		FEC Identification Number C [] Transaction ID : SB29.I948 Amount of Each Disbursement this Period [] 220.00	
City ALEXANDRIA	State VA	Zip Code 22313	Category/ Type []
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. RAMSEY, JOHN, , ,		Date of Disbursement MM / DD / YYYY 08 / 21 / 2017	
Mailing Address P.O. BOX 26141		FEC Identification Number C [] Transaction ID : SB29.I961 Amount of Each Disbursement this Period [] 100.00	
City ALEXANDRIA	State VA	Zip Code 22313	Category/ Type []
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 620.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RAMSEY, JOHN, , ,		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address P.O. BOX 26141		FEC Identification Number C [] Transaction ID : SB29.1975 Amount of Each Disbursement this Period [] 200.00	
City ALEXANDRIA	State VA	Zip Code 22313	Category/ Type []
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. RAMSEY, JOHN, , ,		Date of Disbursement MM / DD / YYYY 10 / 10 / 2017	
Mailing Address P.O. BOX 26141		FEC Identification Number C [] Transaction ID : SB29.1982 Amount of Each Disbursement this Period [] 200.00	
City ALEXANDRIA	State VA	Zip Code 22313	Category/ Type []
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. RAMSEY, JOHN, , ,		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017	
Mailing Address P.O. BOX 26141		FEC Identification Number C [] Transaction ID : SB29.1987 Amount of Each Disbursement this Period [] 200.00	
City ALEXANDRIA	State VA	Zip Code 22313	Category/ Type []
Purpose of Disbursement TRAVEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 600.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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

Form A: RAMSEY, JOHN, , ,
Date of Disbursement: 11/22/2017
Mailing Address: P.O. BOX 26141
City: ALEXANDRIA, State: VA, Zip Code: 22313
Purpose of Disbursement: STRATEGIC CONSULTING
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
FEC Identification Number: C
Transaction ID: SB29.I994
Amount of Each Disbursement this Period: 6500.00
Memo Item: []

Form B: RAMSEY, JOHN, , ,
Date of Disbursement: 12/05/2017
Mailing Address: P.O. BOX 26141
City: ALEXANDRIA, State: VA, Zip Code: 22313
Purpose of Disbursement: TRAVEL
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
FEC Identification Number: C
Transaction ID: SB29.I999
Amount of Each Disbursement this Period: 200.00
Memo Item: []

Form C: AMAZON.COM
Date of Disbursement: 08/15/2017
Mailing Address: 410 TERRY AVE
City: SEATTLE, State: WA, Zip Code: 98104
Purpose of Disbursement: OFFICE SUPPLIES
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
FEC Identification Number: C
Transaction ID: SB29.I956
Amount of Each Disbursement this Period: 200.00
Memo Item: []

SUBTOTAL of Disbursements This Page (optional)..... 6900.00
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. AMAZON.COM		Date of Disbursement MM / DD / YYYY 08 / 24 / 2017	
Mailing Address 410 TERRY AVE		FEC Identification Number C [REDACTED]	
City SEATTLE	State WA	Zip Code 98104	Transaction ID : SB29.I963
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Amount of Each Disbursement this Period 548.11
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. AMAZON.COM		Date of Disbursement MM / DD / YYYY 08 / 25 / 2017	
Mailing Address 410 TERRY AVE		FEC Identification Number C [REDACTED]	
City SEATTLE	State WA	Zip Code 98104	Transaction ID : SB29.I965
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Amount of Each Disbursement this Period 9.09
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. AMAZON.COM		Date of Disbursement MM / DD / YYYY 08 / 28 / 2017	
Mailing Address 410 TERRY AVE		FEC Identification Number C [REDACTED]	
City SEATTLE	State WA	Zip Code 98104	Transaction ID : SB29.I966
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Amount of Each Disbursement this Period 311.48
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	868.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. AMAZON.COM		Date of Disbursement MM / DD / YYYY 08 / 29 / 2017	
Mailing Address 410 TERRY AVE		FEC Identification Number C [REDACTED] Transaction ID : SB29.1967 Amount of Each Disbursement this Period [REDACTED] 580.94	
City SEATTLE	State WA	Zip Code 98104	Category/ Type [REDACTED]
Purpose of Disbursement OFFICE SUPPLIES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMAZON.COM		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 410 TERRY AVE		FEC Identification Number C [REDACTED] Transaction ID : SB29.1968 Amount of Each Disbursement this Period [REDACTED] 89.17	
City SEATTLE	State WA	Zip Code 98104	Category/ Type [REDACTED]
Purpose of Disbursement OFFICE SUPPLIES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMAZON.COM		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017	
Mailing Address 410 TERRY AVE		FEC Identification Number C [REDACTED] Transaction ID : SB29.1971 Amount of Each Disbursement this Period [REDACTED] 288.15	
City SEATTLE	State WA	Zip Code 98104	Category/ Type [REDACTED]
Purpose of Disbursement OFFICE SUPPLIES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		<input type="checkbox"/> Memo Item	

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

[REDACTED] 958.26

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB29.I943

Amount of Each Disbursement this Period: 144.74

Memo Item

B. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB29.I953

Amount of Each Disbursement this Period: 140.71

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD STE 400 SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB29.I1014

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 785.45

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2017

FEC Identification Number

C

Transaction ID : SB29.1947

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2017

FEC Identification Number

C

Transaction ID : SB29.1962

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2017

FEC Identification Number

C

Transaction ID : SB29.1973

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.1986

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.1993

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTIONCFO, LLC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.1969

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement MM / DD / YYYY 07 / 03 / 2017
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C Transaction ID : SB29.I941 Amount of Each Disbursement this Period 60.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement WEB SERVICE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement MM / DD / YYYY 08 / 02 / 2017
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C Transaction ID : SB29.I952 Amount of Each Disbursement this Period 60.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement WEB SERVICE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GRINGOLET LLC		Date of Disbursement MM / DD / YYYY 12 / 12 / 2017
Mailing Address 816 BIG WOODS RD		FEC Identification Number C Transaction ID : SB29.I1012 Amount of Each Disbursement this Period 3572.26
City LONGVIEW	State TX	
Zip Code 75605	Purpose of Disbursement WEB SERVICE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3692.26
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. GRINGOLET LLC		Date of Disbursement MM / DD / YYYY 07 / 03 / 2017	
Mailing Address 816 BIG WOODS RD		FEC Identification Number C [REDACTED] Transaction ID : SB29.1940 Amount of Each Disbursement this Period 75.00	
City LONGVIEW	State TX	Zip Code 75605	Category/ Type
Purpose of Disbursement WEB SERVICE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. GRINGOLET LLC		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017	
Mailing Address 816 BIG WOODS RD		FEC Identification Number C [REDACTED] Transaction ID : SB29.1951 Amount of Each Disbursement this Period 75.00	
City LONGVIEW	State TX	Zip Code 75605	Category/ Type
Purpose of Disbursement WEB SERVICE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. GRINGOLET LLC		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address 816 BIG WOODS RD		FEC Identification Number C [REDACTED] Transaction ID : SB29.1974 Amount of Each Disbursement this Period 75.00	
City LONGVIEW	State TX	Zip Code 75605	Category/ Type
Purpose of Disbursement WEB SERVICE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. GRINGOLET LLC		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017	
Mailing Address 816 BIG WOODS RD		FEC Identification Number C [REDACTED] Transaction ID : SB29.I989 Amount of Each Disbursement this Period [REDACTED] 75.00	
City LONGVIEW	State TX	Zip Code 75605	Category/ Type [REDACTED]
Purpose of Disbursement WEB SERVICE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. GRINGOLET LLC		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017	
Mailing Address 816 BIG WOODS RD		FEC Identification Number C [REDACTED] Transaction ID : SB29.I996 Amount of Each Disbursement this Period [REDACTED] 75.00	
City LONGVIEW	State TX	Zip Code 75605	Category/ Type [REDACTED]
Purpose of Disbursement WEB SERVICE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. LANDMARK DOCUMENT SERVICES		Date of Disbursement MM / DD / YYYY 12 / 13 / 2017	
Mailing Address 375 FAIRFIELD AVE		FEC Identification Number C [REDACTED] Transaction ID : SB29.I1013 Amount of Each Disbursement this Period [REDACTED] 205.00	
City STAMFORD	State CT	Zip Code 06902	Category/ Type [REDACTED]
Purpose of Disbursement PRINTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 355.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. LIBERTY FOR ALL INC.		Date of Disbursement MM / DD / YYYY 12 / 29 / 2017
Mailing Address P.O. BOX 25394		FEC Identification Number C [REDACTED] Transaction ID : SB29.I1018 Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LIBERTY FOR ALL INC.		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017
Mailing Address P.O. BOX 25394		FEC Identification Number C [REDACTED] Transaction ID : SB29.I995 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LINCOLN TAVERN		Date of Disbursement MM / DD / YYYY 12 / 11 / 2017
Mailing Address 425 W BROADWAY		FEC Identification Number C [REDACTED] Transaction ID : SB29.I1005 Amount of Each Disbursement this Period 383.35
City BOSTON	State MA	Zip Code 02127
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

15383.35

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NIKKEI		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017	
Mailing Address 2404 CEDAR SPRINGS RD		FEC Identification Number C [] Transaction ID : SB29.I990 Amount of Each Disbursement this Period [] 174.00	
City DALLAS	State TX	Zip Code 75201	Category/ Type []
Purpose of Disbursement FOOD/BEVERAGE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) B. NIKKEI		Date of Disbursement MM / DD / YYYY 11 / 20 / 2017	
Mailing Address 2404 CEDAR SPRINGS RD		FEC Identification Number C [] Transaction ID : SB29.I992 Amount of Each Disbursement this Period [] 2044.41	
City DALLAS	State TX	Zip Code 75201	Category/ Type []
Purpose of Disbursement FOOD/BEVERAGE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) C. POP AUSTIN		Date of Disbursement MM / DD / YYYY 12 / 05 / 2017	
Mailing Address 902 GARDNER RD STE 22		FEC Identification Number C [] Transaction ID : SB29.I998 Amount of Each Disbursement this Period [] 572.63	
City AUSTIN	State TX	Zip Code 78721	Category/ Type []
Purpose of Disbursement EVENT EXPENSE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2791.04
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SHUTTERSTOCK

Mailing Address 350 5TH AVE
FL 21

City NEW YORK State NY Zip Code 10118

Purpose of Disbursement
PHOTOGRAPHS

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 / 28 / 2017

FEC Identification Number

C

Transaction ID : SB29.I950

Amount of Each Disbursement this Period

125.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHUTTERSTOCK

Mailing Address 350 5TH AVE
FL 21

City NEW YORK State NY Zip Code 10118

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

FEC Identification Number

C

Transaction ID : SB29.I964

Amount of Each Disbursement this Period

125.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WELLS FARGO

Mailing Address 420 MONTGOMERY ST

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement
BANK FEE

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
12 / 05 / 2017

FEC Identification Number

C

Transaction ID : SB29.I1000

Amount of Each Disbursement this Period

6.00

Memo Item

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

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

256.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement MM / DD / YYYY 12 / 06 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [] Transaction ID : SB29.I1002
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 6.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement MM / DD / YYYY 12 / 11 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [] Transaction ID : SB29.I1003
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 41.95
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement MM / DD / YYYY 12 / 11 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [] Transaction ID : SB29.I1008
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 5.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 52.95
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement MM / DD / YYYY 12 / 26 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [] Transaction ID : SB29.I1017
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 6.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [] Transaction ID : SB29.I944
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 41.22
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [] Transaction ID : SB29.I949
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 6.35
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

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

[] 53.57

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement MM / DD / YYYY 08 / 11 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.I954 Amount of Each Disbursement this Period [REDACTED] 42.64
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement MM / DD / YYYY 08 / 21 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.I959 Amount of Each Disbursement this Period [REDACTED] 2.00
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement MM / DD / YYYY 08 / 21 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.I960 Amount of Each Disbursement this Period [REDACTED] 6.50
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 51.14
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement MM / DD / YYYY 09 / 11 / 2017	
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [] Transaction ID : SB29.1972 Amount of Each Disbursement this Period [] 43.03	
City SAN FRANCISCO	State CA	Zip Code 94104	Category/ Type []
Purpose of Disbursement BANK FEE			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017	
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [] Transaction ID : SB29.1976 Amount of Each Disbursement this Period [] 3.00	
City SAN FRANCISCO	State CA	Zip Code 94104	Category/ Type []
Purpose of Disbursement BANK FEE			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement MM / DD / YYYY 10 / 10 / 2017	
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C [] Transaction ID : SB29.1983 Amount of Each Disbursement this Period [] 4.50	
City SAN FRANCISCO	State CA	Zip Code 94104	Category/ Type []
Purpose of Disbursement BANK FEE			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 50.53
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C Transaction ID : SB29.1985 Amount of Each Disbursement this Period 45.11
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C Transaction ID : SB29.1988 Amount of Each Disbursement this Period 5.50
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement TRAVEL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement MM / DD / YYYY 11 / 13 / 2017
Mailing Address 420 MONTGOMERY ST		FEC Identification Number C Transaction ID : SB29.1991 Amount of Each Disbursement this Period 42.17
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	92.78
TOTAL This Period (last page this line number only).....▶	40932.53