

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Liberty Action PAC

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="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="145749.12"/>	<input type="text" value="145749.12"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="145749.12"/>	<input type="text" value="145749.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2791.82"/>	<input type="text" value="2791.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="142957.30"/>	<input type="text" value="142957.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="116154.69"/>	

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 Action PAC

Report Covering the Period: From: 10 / 01 / 2012 To: 11 / 26 / 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).....	22350.00	22350.00
(ii) Unitemized	123399.12	123399.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	145749.12	145749.12
(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)	145749.12	145749.12
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).....	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	0.00
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))..... ▶	145749.12	145749.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	145749.12	145749.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	2791.82	2791.82
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	0.00	0.00
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)) ..	2791.82	2791.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2791.82	2791.82

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)	145749.12	145749.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	145749.12	145749.12
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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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 Action PAC

Full Name (Last, First, Middle Initial)
A. Mary Bell

Mailing Address 5063 Joewood Drive

City Sanibel State FL Zip Code 33957

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

Name of Employer Mary Bell Occupation health coach

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2012

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period
 300.00

contribution

Full Name (Last, First, Middle Initial)
B. Avery Brinkley Jr.

Mailing Address 8933 SW 8th Street

City Ocala State FL Zip Code 34481

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

Name of Employer Clinical PET of Ocala Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period
 250.00

contribution

Full Name (Last, First, Middle Initial)
C. Bethia Bundrick

Mailing Address 601 Unadilla Street

City Shreveport State LA Zip Code 71106

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2012

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period
 300.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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:	PAGE 7 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Liberty Action PAC

A. Monica Burciu
Full Name (Last, First, Middle Initial)
Mailing Address 417 Fawn Meadow
City Fort Worth State TX Zip Code 76140
FEC ID number of contributing federal political committee. **C**
Name of Employer Northstar Anesthesia Occupation CRNA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 31 / 2012**
Transaction ID : SA11AI.4207
Amount of Each Receipt this Period **1000.00**
contribution

B. Carolina Casperson
Full Name (Last, First, Middle Initial)
Mailing Address 522 North State Road
City Briarcliff Manor State NY Zip Code 10510
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation singer songwriter
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 02 / 2012**
Transaction ID : SA11AI.4254
Amount of Each Receipt this Period **250.00**
contribution

C. Philip Cherne
Full Name (Last, First, Middle Initial)
Mailing Address 4293 Avocado Avenue
City Yorba Linda State CA Zip Code 92886
FEC ID number of contributing federal political committee. **C**
Name of Employer KHS&S Contractors Occupation Executive
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 02 / 2012**
Transaction ID : SA11AI.4216
Amount of Each Receipt this Period **600.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **1850.00**
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 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Liberty Action PAC

A. Ruby Choi
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 4877

City Foster City	State CA	Zip Code 94404
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation property manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.4212

Amount of Each Receipt this Period
650.00
contribution

B. Beverly Conrad
Full Name (Last, First, Middle Initial)
Mailing Address 1012 Laurelwood Lane

City Greenwood	State IN	Zip Code 46142
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Date of Receipt
11 / 03 / 2012
Transaction ID : SA11AI.4193

Amount of Each Receipt this Period
1500.00
contribution

C. Drake Darwin
Full Name (Last, First, Middle Initial)
Mailing Address W8994 Beach Road

City Shawano	State WI	Zip Code 54166
FEC ID number of contributing federal political committee. C		
Name of Employer none	Occupation none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
11 / 01 / 2012
Transaction ID : SA11AI.4266

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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: PAGE 9 OF 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Liberty Action PAC

Full Name (Last, First, Middle Initial)
A. Eanos Evans

Mailing Address 1 Rue Du Parc

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.4191

Amount of Each Receipt this Period
 2500.00
 contribution

Full Name (Last, First, Middle Initial)
B. Brian Finley

Mailing Address 803 N. Madison Street

City State Zip Code
Papillion NE 68046

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

Name of Employer Occupation
LifeCare Family Medicine physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : SA11AI.4252

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Karyl Fisher

Mailing Address 1990 Vada Ranch Road

City State Zip Code
Auburn CA 95603

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

Name of Employer Occupation
none none

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : SA11AI.4226

Amount of Each Receipt this Period
 500.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00

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 10 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Liberty Action PAC

A. Paula Glenn
Full Name (Last, First, Middle Initial)

Mailing Address 823 Rainbow Avenue

City Portage State MN Zip Code 49024

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

Name of Employer PFS Occupation financial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period
 300.00

contribution

B. Lenora Granberg
Full Name (Last, First, Middle Initial)

Mailing Address 101 Princess Lane

City Clemson State SC Zip Code 29631

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

Name of Employer Re/Max Occupation Realtor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period
 500.00

contribution

C. Raedine Gupta
Full Name (Last, First, Middle Initial)

Mailing Address 28216 Seamount Drive

City Rancho Palos Verdes State CA Zip Code 90275

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period
 300.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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:	PAGE 11 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Liberty Action PAC

A. Rob Haertel
Full Name (Last, First, Middle Initial)

Mailing Address 10177 Altavilla Drive

City State Zip Code
Sandy UT 84092

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

Name of Employer Occupation
Capital Assets Financial Mortgage lending

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period
1000.00

contribution

B. Tom Harman
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 341959

City State Zip Code
Austin TX 78734

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

Name of Employer Occupation
none engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period
500.00

contribution

C. Bennie and Judy Hasha
Full Name (Last, First, Middle Initial)

Mailing Address 675 FM 2693 E

City State Zip Code
New Waverly TX 77358

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

Name of Employer Occupation
CEF, Inc. director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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:	PAGE 12 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Liberty Action PAC

A. Kenneth Howe
Full Name (Last, First, Middle Initial)
Mailing Address 35732 Weston Drive
City Laguna Niguel State CA Zip Code 92677
FEC ID number of contributing federal political committee. **C**
Name of Employer Archstone Occupation accountant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2012
Transaction ID : SA11AI.4236
Amount of Each Receipt this Period 300.00
contribution

B. Kris and Julie Kimmerling
Full Name (Last, First, Middle Initial)
Mailing Address 188 South 400 West
City Marion State IN Zip Code 46953
FEC ID number of contributing federal political committee. **C**
Name of Employer Jennerahn Machine Occupation controller
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 02 / 2012
Transaction ID : SA11AI.4238
Amount of Each Receipt this Period 300.00
contribution

C. Tiffany Labrecque
Full Name (Last, First, Middle Initial)
Mailing Address 6214 LD Lockett Road
City Colleyville State TX Zip Code 76034
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation self
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2012
Transaction ID : SA11AI.4246
Amount of Each Receipt this Period 300.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
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:	PAGE 13 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Liberty Action PAC

Full Name (Last, First, Middle Initial)
A. Arlyn Lanting

Mailing Address 26407 Brick Lane

City State Zip Code
Bonita Springs FL 34134

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period
1000.00

contribution

Full Name (Last, First, Middle Initial)
B. John LaPointe

Mailing Address 23671 Blythe Street

City State Zip Code
West Hills CA 91034

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

Name of Employer Occupation
none retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period
250.00

contribution

Full Name (Last, First, Middle Initial)
c. Joan C. LeValley

Mailing Address 2200 Bouterse Street
Unit 101

City State Zip Code
Park Ridge IL 60068

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

Name of Employer Occupation
JCL and Company accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period
500.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 14 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Liberty Action PAC

A. David Luhman
Full Name (Last, First, Middle Initial)

Mailing Address 200 Roundtable Road

City State Zip Code
Sergeant Bluff IA 51054

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

Name of Employer Occupation
None Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 02 / 2012
Transaction ID : SA11AI.4234

Amount of Each Receipt this Period
300.00
contribution

B. Ryan Mathias
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 110818

City State Zip Code
Anchorage AK 99511

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

Name of Employer Occupation
self general contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 05 / 2012
Transaction ID : SA11AI.4258

Amount of Each Receipt this Period
250.00
contribution

C. William D. Mixon
Full Name (Last, First, Middle Initial)

Mailing Address 206 Oak Avenue

City State Zip Code
Anna Maria FL 34216

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

Name of Employer Occupation
Mixon Fruit Farms, Inc. self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 03 / 2012
Transaction ID : SA11AI.4264

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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:	PAGE 15 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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 Action PAC

Full Name (Last, First, Middle Initial) A. Terry Moe		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 5307 NE Tram Line Road		Transaction ID : SA11AI.4262
City Arcadia	State FL	Zip Code 34266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self		Occupation retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Charles Nelson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address 1145 Cross Creek Circle		Transaction ID : SA11AI.4218
City Altamonte Springs	State FL	Zip Code 32714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self		Occupation accountant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Donald Reinhard		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 75 Harvard Avenue		Transaction ID : SA11AI.4199
City Palmerton	State PA	Zip Code 18071
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pencor Services, Inc.		Occupation semi-retired exec.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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:	PAGE 16 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Liberty Action PAC

Full Name (Last, First, Middle Initial)
A. Greg Shepherd

Mailing Address P.O. Box 1710

City State Zip Code
Duncan OK 73533

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

Name of Employer Occupation
Shepherd and Shepherd CPAS certified public accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012
Transaction ID : SA11AI.4201

Amount of Each Receipt this Period
1000.00
contribution

Full Name (Last, First, Middle Initial)
B. James Sims

Mailing Address 3223 Tyrol Lane

City State Zip Code
Vestavia Hills AL 35216-4274

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

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2012
Transaction ID : SA11AI.4205

Amount of Each Receipt this Period
1000.00
contribution

Full Name (Last, First, Middle Initial)
C. Gregory Solovieff

Mailing Address 154 Three Chopt Road

City State Zip Code
Littleton NC 27850

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

Name of Employer Occupation
self self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2012
Transaction ID : SA11AI.4203

Amount of Each Receipt this Period
1000.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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:	PAGE 17 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Liberty Action PAC

A. Harold Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 West Avenue L
 City Lancaster State CA Zip Code 93534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stevens Construction, Inc. Occupation Building contractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **10 / 30 / 2012**
Transaction ID : SA11AI.4214
 Amount of Each Receipt this Period **600.00**
 contribution

B. Suzanna Veldhuis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1188 Meadowlark Court SW
 City Rochester State MN Zip Code 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer none Occupation homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 03 / 2012**
Transaction ID : SA11AI.4260
 Amount of Each Receipt this Period **250.00**
 contribution

C. Alice Villarreal
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Thelma Drive
 City San Antonio State TX Zip Code 78212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Villarreal Associates Occupation caregiver
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 03 / 2012**
Transaction ID : SA11AI.4195
 Amount of Each Receipt this Period **1100.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **1950.00**
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: PAGE 18 OF 35
(check only one)

<input checked="" 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 type="checkbox"/> 17
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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 Action PAC

Full Name (Last, First, Middle Initial)
A. Elizabeth Wareing

Mailing Address 3511 Del Monte

City Houston	State TX	Zip Code 77019
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2012

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)
B. K Dean Willis

Mailing Address 107 Williams & Broad Drive

City Brownsboro	State AL	Zip Code 35741-9313
--------------------	-------------	------------------------

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

Name of Employer Alabama Pain Center	Occupation physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period

500.00

contribution

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	22350.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Liberty Action PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Grassroots Action, Inc	Nature of Debt (Purpose): e-mail delivery Internet service fee
Mailing Address 90 Main Street	
City State Zip Code Maxwell IA 50161	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4274	
Amount Incurred This Period 14484.91	Payment This Period 0.00	Outstanding Balance at Close of This Period 14484.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Liberty Counsel	Nature of Debt (Purpose): aggregate list rental charges
Mailing Address P.O. Box 540774	
City State Zip Code Orlando FL 32854	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4273	
Amount Incurred This Period 51719.03	Payment This Period 0.00	Outstanding Balance at Close of This Period 51719.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Liberty Counsel Action	Nature of Debt (Purpose): e-mail list rental charges
Mailing Address P.O. Box 540629	
City State Zip Code Orlando FL 32854	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4276	
Amount Incurred This Period 2257.53	Payment This Period 0.00	Outstanding Balance at Close of This Period 2257.53

1) SUBTOTALS This Period This Page (optional)..... ▶	68461.47
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Liberty Action PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Liberty Counsel Action	Nature of Debt (Purpose): reimbursement for purchase of domain names at Network Solutions
Mailing Address P.O. Box 540629	
City State Zip Code Orlando FL 32854	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4277	
Amount Incurred This Period <input type="text" value="303.92"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="303.92"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Synergy Direct Marketing Solutions, LLC	Nature of Debt (Purpose): Get out the vote voice telephone broadcast to potential voters
Mailing Address 480 W. Tuscarawas Ave.	
City State Zip Code Barberton OH 44203	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4275	
Amount Incurred This Period <input type="text" value="47389.30"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="47389.30"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="47693.22"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="116154.69"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="116154.69"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Cornerstone Payment Systems		Date MM / DD / YYYY 11 / 15 / 2012
Mailing Address 1315 Euclid Avenue		Amount 2791.82
City Boston	State VA	
Zip Code 24201	Transaction ID : SE.4290	
Purpose of Expenditure merchant account charges	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
118642.59		2012

Full Name (Last, First, Middle Initial) of Payee Grassroots Action, Inc [MEMO ITEM]		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 90 Main Street		Amount 2394.30
City Maxwell	State IA	
Zip Code 50161	Transaction ID : SE.4378	
Purpose of Expenditure e-mail blast in opposition to the re-election of the president	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
2394.30		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2791.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards

Signature _____ [Electronically Filed] Date MM / DD / YYYY **03 / 15 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Grassroots Action, Inc [MEMO ITEM]		Date MM / DD / YYYY 10 / 28 / 2012
Mailing Address 90 Main Street		Amount 2926.02
City Maxwell	State IA	
Zip Code 50161	Transaction ID : SE.4379	
Purpose of Expenditure e-mail delivery	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5320.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Grassroots Action, Inc [MEMO ITEM]		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 90 Main Street		Amount 1386.82
City Maxwell	State IA	
Zip Code 50161	Transaction ID : SE.4382	
Purpose of Expenditure e-mail delivery	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19916.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Mr. Deryl Madison Edwards [Electronically Filed] Date **03 / 15 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Grassroots Action, Inc [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 90 Main Street		Amount 1375.51
City Maxwell	State IA	
Zip Code 50161	Transaction ID : SE.4386	
Purpose of Expenditure e-mail delivery	Category/ Type 	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 56858.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Grassroots Action, Inc [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 90 Main Street		Amount 1315.89
City Maxwell	State IA	
Zip Code 50161	Transaction ID : SE.4389	
Purpose of Expenditure e-mail delivery	Category/ Type 	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 564379.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00508598 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel [MEMO ITEM]	Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2012 </div>												
Mailing Address P.O. Box 540774	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 12672.45 </div>												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:20%;">State</td> <td style="width:35%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32854</td> </tr> </table>	City	State	Zip Code	Orlando	FL	32854	Transaction ID : SE.4380						
City	State	Zip Code											
Orlando	FL	32854											
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure e-mail list rental</td> <td style="width:15%;">Category/ Type</td> <td style="width:40%;">Office Sought: State: _____</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> House</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Senate District: _____</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> President</td> </tr> </table>	Purpose of Expenditure e-mail list rental	Category/ Type	Office Sought: State: _____			<input type="checkbox"/> House			<input type="checkbox"/> Senate District: _____			<input checked="" type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure e-mail list rental	Category/ Type	Office Sought: State: _____											
		<input type="checkbox"/> House											
		<input type="checkbox"/> Senate District: _____											
		<input checked="" type="checkbox"/> President											
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____												
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 17992.77 </div>												

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel [MEMO ITEM]	Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>												
Mailing Address P.O. Box 540774	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 6002.78 </div>												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:20%;">State</td> <td style="width:35%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32854</td> </tr> </table>	City	State	Zip Code	Orlando	FL	32854	Transaction ID : SE.4383						
City	State	Zip Code											
Orlando	FL	32854											
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure e-mail list rental</td> <td style="width:15%;">Category/ Type</td> <td style="width:40%;">Office Sought: State: _____</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> House</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Senate District: _____</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> President</td> </tr> </table>	Purpose of Expenditure e-mail list rental	Category/ Type	Office Sought: State: _____			<input type="checkbox"/> House			<input type="checkbox"/> Senate District: _____			<input checked="" type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Purpose of Expenditure e-mail list rental	Category/ Type	Office Sought: State: _____											
		<input type="checkbox"/> House											
		<input type="checkbox"/> Senate District: _____											
		<input checked="" type="checkbox"/> President											
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____												
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 25919.60 </div>												

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards
 Signature _____ **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel [MEMO ITEM]		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address P.O. Box 540774		Amount 5992.22
City Orlando	State FL	Zip Code 32854
Purpose of Expenditure e-mail list rental	Category/ Type	Transaction ID : SE.4387
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
62851.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel [MEMO ITEM]		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address P.O. Box 540774		Amount 5669.19
City Orlando	State FL	Zip Code 32854
Purpose of Expenditure e-mail list rental	Category/ Type	Transaction ID : SE.4390
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
70048.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards

Signature _____ [Electronically Filed] Date MM / DD / YYYY **03 / 15 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel [MEMO ITEM]		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address P.O. Box 540774		Amount 5400.23	
City Orlando	State FL	Zip Code 32854	
Purpose of Expenditure e-mail list rental	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
		Transaction ID : SE.4393	
77090.70			

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel [MEMO ITEM]		Date MM / DD / YYYY 11 / 02 / 2012	
Mailing Address P.O. Box 540774		Amount 5203.52	
City Orlando	State FL	Zip Code 32854	
Purpose of Expenditure e-mail list rental	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
		Transaction ID : SE.4396	
83757.78			

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards

Signature

[Electronically Filed]

Date

MM / DD / YYYY
03 / 15 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel [MEMO ITEM]		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address P.O. Box 540774		Amount 5148.75
City Orlando	State FL	Zip Code 32854
Purpose of Expenditure e-mail list rental	Category/ Type	Transaction ID : SE.4371
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
90351.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel [MEMO ITEM]		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address P.O. Box 540774		Amount 5629.89
City Orlando	State FL	Zip Code 32854
Purpose of Expenditure e-mail list rental	Category/ Type	Transaction ID : SE.4375
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
106839.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards

Signature _____ [Electronically Filed] Date MM / DD / YYYY **03 / 15 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel Action [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address P.O. Box 540629		Amount 242.07
City Orlando	State FL	Zip Code 32854
Purpose of Expenditure e-mail list rental	Category/ Type 	Transaction ID : SE.4372
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 90593.88		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel Action [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address P.O. Box 540629		Amount 242.07
City Orlando	State FL	Zip Code 32854
Purpose of Expenditure e-mail list rental	Category/ Type 	Transaction ID : SE.4376
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 107081.99		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel Action [MEMO ITEM]		Date MM / DD / YYYY 11 / 15 / 2012
Mailing Address P.O. Box 540629		Amount 303.92
City Orlando	State FL	Zip Code 32854
Purpose of Expenditure e-mail list rental	Category/ Type	Transaction ID : SE.4399
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
118946.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Synergy Direct Marketing Solutions, LLC [MEMO ITEM]		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 480 W. Tuscarawas Ave.		Amount 29311.06
City Barberton	State OH	Zip Code 44203
Purpose of Expenditure telephone calls to potential voters	Category/ Type	Transaction ID : SE.4385
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
55483.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards

Signature _____ **[Electronically Filed]** Date MM / DD / YYYY **03 / 15 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ C C00508598
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Synergy Direct Marketing Solutions, LLC [MEMO ITEM]		Date MM / DD / YYYY 11 / 03 / 2012
Mailing Address 480 W. Tuscarawas Ave.		Amount 9309.46
City Barberton	State OH	Zip Code 44203
Purpose of Expenditure telephone calling to potential voters	Category/ Type	Transaction ID : SE.4373
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
99903.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Synergy Direct Marketing Solutions, LLC [MEMO ITEM]		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 480 W. Tuscarawas Ave.		Amount 8768.78
City Barberton	State OH	Zip Code 44203
Purpose of Expenditure telemarketing to potential voters	Category/ Type	Transaction ID : SE.4377
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
115850.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	2791.82

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards

Signature _____ **[Electronically Filed]** Date MM / DD / YYYY **03 / 15 / 2013**