

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 10
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
LIBERTY FUND; THE

| | | | | | |
|---|-------------|------------------------------------|---|--|--|
| A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Faison, Jay, , , | | | Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 03 / 13 / 2018</div> </div> | | |
| Mailing Address 1355 Greenwood Clfs Ste. 301 | | | Transaction ID : SA11AI.4359 | | |
| City Charlotte | State NC | Zip Code 28204 | Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item Contribution | | |
| Name of Employer (for Individual) Clear Path Foundation | | Occupation (for Individual) CEO | Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |
| B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | | Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Mailing Address | | | Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> | | |
| City | State | Zip Code | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> | | |
| Name of Employer (for Individual) | | Occupation (for Individual) | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |
| C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | | Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y</div> </div> | | |
| Mailing Address | | | Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> | | |
| City | State | Zip Code | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> | | |
| Name of Employer (for Individual) | | Occupation (for Individual) | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | |
| SUBTOTAL of Receipts This Page (optional)..... ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> | | |
| TOTAL This Period (last page this line number only)..... ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> | | |