

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.
LIBERTY ACTION GROUP

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tedla Henok

Signature of Treasurer Tedla Henok [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIBERTY ACTION GROUP

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="2016"/>	<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="2797.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="743847.45"/>	<input type="text" value="786567.55"/>
(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="746644.81"/>	<input type="text" value="786567.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="700123.56"/>	<input type="text" value="740046.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="46521.25"/>	<input type="text" value="46521.25"/>
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="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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTY ACTION GROUP

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).....	417843.28	423046.24
(ii) Unitemized	326004.17	363521.31
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	743847.45	786567.55
(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)	743847.45	786567.55
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))..... ▶	743847.45	786567.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	743847.45	786567.55

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	700123.56	740046.30
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)) ..	700123.56	740046.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	700123.56	740046.30

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)	743847.45	786567.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	743847.45	786567.55
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 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 GROUP

Full Name (Last, First, Middle Initial)
A. FEIGE A

Mailing Address 1000 NW 134th St

City State Zip Code
Seattle WA 98177

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

Name of Employer Occupation

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
 05 / 31 / 2016
Transaction ID : SA11AI.16199

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Merck Adele

Mailing Address 1197 N Lake Way

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation

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
 06 / 04 / 2016
Transaction ID : SA11AI.10129

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Snipes Al

Mailing Address 1404 NW 122nd St

City State Zip Code
Oklahoma City OK 73114

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.13800

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Kelly Alfred

Mailing Address 775 Scarsdale Rd

City Tuckahoe State NY Zip Code 10707

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

Name of Employer Occupation

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
 05 / 23 / 2016
Transaction ID : SA11AI.7464

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
B. CARMICHAEL ANNE

Mailing Address 301 Ridgeview Dr

City Palm Beach State FL Zip Code 33480

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.10133

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Richardson Anne

Mailing Address 3125 Malone Dr

City Montgomery State AL Zip Code 36106

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

Name of Employer Occupation

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
 06 / 10 / 2016
Transaction ID : SA11AI.10742

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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 8 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Cracchiolo Anthony

Mailing Address 6 jonah ct

City Peapack State NJ Zip Code 07977

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

Name of Employer Occupation

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
 05 / 31 / 2016
Transaction ID : SA11AI.7210

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Giovannoli Arnold

Mailing Address 20 E Circuit Dr

City Succasunna State NJ Zip Code 07876

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.7177

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Fort Arthur

Mailing Address 510 Forest Ave

City Shreveport State LA Zip Code 71104

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : SA11AI.13628

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2200.00

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 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. udell arthur

Mailing Address 151 Bayside Dr

City State Zip Code
Atlantic Beach NY 11509

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2016
Transaction ID : SA11AI.7588

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Deposit BANKCARD

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 ▼
205.39

Date of Receipt
MM / DD / YYYY
04 / 22 / 2016
Transaction ID : SA11AI.18635

Amount of Each Receipt this Period
107.59

Memo Item

Full Name (Last, First, Middle Initial)
C. Deposit BANKCARD

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 ▼
229.84

Date of Receipt
MM / DD / YYYY
04 / 27 / 2016
Transaction ID : SA11AI.18636

Amount of Each Receipt this Period
24.45

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1132.04

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 10 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Deposit BANKCARD
 Full Name (Last, First, Middle Initial)
 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 ▼ **254.29**
 Date of Receipt: **04 / 28 / 2016**
Transaction ID : SA11AI.18637
 Amount of Each Receipt this Period: **24.45**
 Memo Item

B. Deposit BANKCARD
 Full Name (Last, First, Middle Initial)
 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 ▼ **278.74**
 Date of Receipt: **04 / 29 / 2016**
Transaction ID : SA11AI.18638
 Amount of Each Receipt this Period: **24.45**
 Memo Item

C. Deposit BANKCARD
 Full Name (Last, First, Middle Initial)
 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 ▼ **376.55**
 Date of Receipt: **05 / 02 / 2016**
Transaction ID : SA11AI.18639
 Amount of Each Receipt this Period: **97.81**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **146.71**
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 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Deposit BANKCARD

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 ▼
392.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2016

Transaction ID : SA11AI.18640

Amount of Each Receipt this Period
15.65

Memo Item

Full Name (Last, First, Middle Initial)
B. Deposit BANKCARD

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 ▼
514.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.18641

Amount of Each Receipt this Period
122.26

Memo Item

Full Name (Last, First, Middle Initial)
C. Deposit BANKCARD

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 ▼
563.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016

Transaction ID : SA11AI.18642

Amount of Each Receipt this Period
48.90

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	186.81
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 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Deposit BANKCARD

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 ▼ **856.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.18643

Amount of Each Receipt this Period
293.43

Memo Item

Full Name (Last, First, Middle Initial)
B. Deposit BANKCARD

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 ▼ **964.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SA11AI.18644

Amount of Each Receipt this Period
107.59

Memo Item

Full Name (Last, First, Middle Initial)
C. Deposit BANKCARD

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 ▼ **979.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2016

Transaction ID : SA11AI.18645

Amount of Each Receipt this Period
14.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	415.69
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 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Deposit BANKCARD

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 ▼
1223.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : SA11AI.18646

Amount of Each Receipt this Period
244.51

Memo Item

Full Name (Last, First, Middle Initial)
B. Deposit BANKCARD

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 ▼
1248.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : SA11AI.18647

Amount of Each Receipt this Period
24.45

Memo Item

Full Name (Last, First, Middle Initial)
C. Deposit BANKCARD

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 ▼
13459.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2016
Transaction ID : SA11AI.18648

Amount of Each Receipt this Period
12211.57

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	12480.53
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 14 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Deposit BANKCARD

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 ▼
38826.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016
Transaction ID : SA11AI.18649

Amount of Each Receipt this Period
 25367.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Deposit BANKCARD

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 ▼
38997.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : SA11AI.18650

Amount of Each Receipt this Period
 171.16

Memo Item

Full Name (Last, First, Middle Initial)
C. Deposit BANKCARD

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 ▼
42437.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : SA11AI.18651

Amount of Each Receipt this Period
 3439.64

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 28977.80

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 168
(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 GROUP

Full Name (Last, First, Middle Initial)
A. Deposit BANKCARD

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 ▼
46015.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : SA11AI.18652

Amount of Each Receipt this Period
 3578.26

Memo Item

Full Name (Last, First, Middle Initial)
B. Deposit BANKCARD

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 ▼
61961.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2016
Transaction ID : SA11AI.18653

Amount of Each Receipt this Period
 15946.29

Memo Item

Full Name (Last, First, Middle Initial)
C. Deposit BANKCARD

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 ▼
70669.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.18654

Amount of Each Receipt this Period
 8707.24

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 28231.79

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 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Deposit BANKCARD

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 ▼
72680.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2016
Transaction ID : SA11AI.18655

Amount of Each Receipt this Period
2010.84

Memo Item

Full Name (Last, First, Middle Initial)
B. Deposit BANKCARD

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 ▼
85794.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2016
Transaction ID : SA11AI.18656

Amount of Each Receipt this Period
13114.41

Memo Item

Full Name (Last, First, Middle Initial)
C. Deposit BANKCARD

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 ▼
88520.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA11AI.18657

Amount of Each Receipt this Period
2726.49

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	17851.74
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 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Deposit BANKCARD
 Full Name (Last, First, Middle Initial)
 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 ▼ **96230.64**
 Date of Receipt: **06 / 09 / 2016**
Transaction ID : SA11AI.18658
 Amount of Each Receipt this Period: **7709.73**
 Memo Item

B. Locatelli Baptista
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 637
 City State Zip Code
 Parowan UT 84761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**
 Date of Receipt: **05 / 31 / 2016**
Transaction ID : SA11AI.15246
 Amount of Each Receipt this Period: **1000.00**
 Memo Item

C. WETZEL BARBARA
 Full Name (Last, First, Middle Initial)
 Mailing Address 8181 S Peninsula Dr
 City State Zip Code
 Littleton CO 80120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**
 Date of Receipt: **05 / 31 / 2016**
Transaction ID : SA11AI.14837
 Amount of Each Receipt this Period: **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **9209.73**
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 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. BECKER BILL

Mailing Address 113 meek rd

City State Zip Code
HUMBLE TX 77338

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.14340

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lindsay Bill

Mailing Address 7424 Shannon Cir

City State Zip Code
Minneapolis MN 55439

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

Name of Employer Occupation

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
 06 / 24 / 2016
Transaction ID : SA11AI.17872

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Witmore Bill

Mailing Address 320 Inverrary Rd.

City State Zip Code
Pinehurst NC 28374

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

Name of Employer Occupation

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
 06 / 15 / 2016
Transaction ID : SA11AI.9108

Amount of Each Receipt this Period
500.00

Memo Item

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 19 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Kinlaw Brenda

Mailing Address 627 Parkland Ave

City Inman State SC Zip Code 29349

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

Name of Employer Occupation

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
06 / 21 / 2016
Transaction ID : SA11AI.9295

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Bloedorn Bruce

Mailing Address 471 River Rd

City Wisner State NE Zip Code 68791

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2016
Transaction ID : SA11AI.13412

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Orwig Burt

Mailing Address 2227 Scotch Valley R

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer Occupation

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
06 / 22 / 2016
Transaction ID : SA11AI.8160

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 20 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Ledbetter Candice
 Full Name (Last, First, Middle Initial)
 Mailing Address 4425 Tyne Blvd
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2016
Transaction ID : SA11AI.10912
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Milano Carl
 Full Name (Last, First, Middle Initial)
 Mailing Address 1188 Skunk Rd
 City Bath State PA Zip Code 18014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 24 / 2016
Transaction ID : SA11AI.8298
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. CATLIN CAROL
 Full Name (Last, First, Middle Initial)
 Mailing Address W5447 Mielke Rd
 City Menasha State WI Zip Code 54952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 24 / 2016
Transaction ID : SA11AI.12463
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 21 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Rossberg Carol
Full Name (Last, First, Middle Initial)
Mailing Address 5935 Christmas Lake
City Excelsior State MN Zip Code 55331
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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
06 / 16 / 2016
Transaction ID : SA11AI.12509
Amount of Each Receipt this Period
500.00
 Memo Item

B. Evans Carter
Full Name (Last, First, Middle Initial)
Mailing Address 104 Shelter Rock Rd
City Stamford State CT Zip Code 06903
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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
06 / 22 / 2016
Transaction ID : SA11AI.7055
Amount of Each Receipt this Period
250.00
 Memo Item

c. Magrini Catherine
Full Name (Last, First, Middle Initial)
Mailing Address 2424 S Cincinnati Av
City Tulsa State OK Zip Code 74114
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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
06 / 08 / 2016
Transaction ID : SA11AI.13876
Amount of Each Receipt this Period
500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 22 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Burk Celita
Full Name (Last, First, Middle Initial)
Mailing Address 4102 Skyline Dr S
City State Zip Code
Mobile AL 36609
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
310.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2016
Transaction ID : SA11AI.16642
Amount of Each Receipt this Period
210.00
 Memo Item

B. Beehner Charles
Full Name (Last, First, Middle Initial)
Mailing Address 1563 Tower Mountain
City State Zip Code
Stamford NY 12167
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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
06 / 22 / 2016
Transaction ID : SA11AI.7765
Amount of Each Receipt this Period
250.00
 Memo Item

C. Lathrop Charles
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 939
City State Zip Code
Ellensburg WA 98926
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2016
Transaction ID : SA11AI.16394
Amount of Each Receipt this Period
400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 860.00
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 23 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. DEDDENS CHERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Persimmon Ln
 City Madison State MS Zip Code 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 04 / 2016
Transaction ID : SA11AI.11155
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mayhan Cheryl
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Prairie Hills D
 City Tuttle State OK Zip Code 73089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 23 / 2016
Transaction ID : SA11AI.18125
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Esposito Chris
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Commodore Dr
 City Jupiter State FL Zip Code 33477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 24 / 2016
Transaction ID : SA11AI.10111
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
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 24 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Pellicci Christa
Full Name (Last, First, Middle Initial)
Mailing Address 33 Phaiban Ln
City Stamford State CT Zip Code 06902
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
06 / 24 / 2016
Transaction ID : SA11AI.17039
Amount of Each Receipt this Period 5000.00
 Memo Item

B. Pellicci Christa
Full Name (Last, First, Middle Initial)
Mailing Address 33 Phaiban Ln
City Stamford State CT Zip Code 06902
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
06 / 24 / 2016
Transaction ID : SA11AI.17040
Amount of Each Receipt this Period 5000.00
 Memo Item

C. Pellicci Christa
Full Name (Last, First, Middle Initial)
Mailing Address 33 Phaiban Ln
City Stamford State CT Zip Code 06902
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
06 / 24 / 2016
Transaction ID : SA11AI.17041
Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00
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 25 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. PICTH CLYDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5016 Monarda Way
 City Fort Worth State TX Zip Code 76123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA11AI.16787
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. FRUEH CONSTANCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E 9th St
 City Pella State IA Zip Code 50219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA11AI.11960
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. FRUEH CONSTANCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E 9th St
 City Pella State IA Zip Code 50219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2016
Transaction ID : SA11AI.11961
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 26 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Graves Curtis

Mailing Address 8 Okeena Cv

City Jackson State TN Zip Code 38305

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 24 / 2016
Transaction ID : SA11AI.11100

Amount of Each Receipt this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Goodin Dan

Mailing Address 245 E Liberty St

City Reno State NV Zip Code 89501

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 22 / 2016
Transaction ID : SA11AI.15850

Amount of Each Receipt this Period: 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. PAGE DANIEL

Mailing Address 3107 Junegrass Ct

City Kingwood State TX Zip Code 77345

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 22 / 2016
Transaction ID : SA11AI.14347

Amount of Each Receipt this Period: 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00

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 27 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. mixon Daniel Wayne
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 SW Avenue J
 City Seminole State TX Zip Code 79360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 23 / 2016
Transaction ID : SA11AI.18268
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. larson david
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 road 2633
 City aztec State NM Zip Code 88741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA11AI.17886
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Lovell David
 Full Name (Last, First, Middle Initial)
 Mailing Address 6474 River Run
 City Columbia State MD Zip Code 21044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 08 / 2016
Transaction ID : SA11AI.8638
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 28 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. calvanese dennis

Mailing Address 5555 Heron Point Dr

City Naples State FL Zip Code 34108

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA11AI.10346

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. BRANCH DEPOSIT

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 ▼
1510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016
Transaction ID : SA11AI.18572

Amount of Each Receipt this Period
1510.00

Memo Item

Full Name (Last, First, Middle Initial)
C. BRANCH DEPOSIT

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 ▼
9355.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016
Transaction ID : SA11AI.18587

Amount of Each Receipt this Period
7845.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	14355.00
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 29 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. BRANCH DEPOSIT
 Full Name (Last, First, Middle Initial)
 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 ▼ **14845.00**
 Date of Receipt: **05 / 24 / 2016**
Transaction ID : SA11AI.18571
 Amount of Each Receipt this Period: **5490.00**
 Memo Item

B. BRANCH DEPOSIT
 Full Name (Last, First, Middle Initial)
 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 ▼ **19805.00**
 Date of Receipt: **05 / 25 / 2016**
Transaction ID : SA11AI.18573
 Amount of Each Receipt this Period: **4960.00**
 Memo Item

C. BRANCH DEPOSIT
 Full Name (Last, First, Middle Initial)
 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 ▼ **21430.00**
 Date of Receipt: **05 / 26 / 2016**
Transaction ID : SA11AI.18574
 Amount of Each Receipt this Period: **1625.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ► **12075.00**
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 30 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. BRANCH DEPOSIT

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 ▼ **23950.00**

Date of Receipt: **05 / 31 / 2016**
Transaction ID : SA11AI.18575

Amount of Each Receipt this Period: **2520.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. BRANCH DEPOSIT

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 ▼ **24575.00**

Date of Receipt: **05 / 31 / 2016**
Transaction ID : SA11AI.18576

Amount of Each Receipt this Period: **625.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. BRANCH DEPOSIT

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 ▼ **27358.00**

Date of Receipt: **06 / 02 / 2016**
Transaction ID : SA11AI.18577

Amount of Each Receipt this Period: **2783.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **5928.00**

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 31 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. BRANCH DEPOSIT

Full Name (Last, First, Middle Initial)

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 ▼ **40308.00**

Date of Receipt: **06 / 08 / 2016**
Transaction ID : SA11AI.18578

Amount of Each Receipt this Period: **12950.00**

Memo Item

B. BRANCH DEPOSIT

Full Name (Last, First, Middle Initial)

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 ▼ **43373.00**

Date of Receipt: **06 / 10 / 2016**
Transaction ID : SA11AI.18579

Amount of Each Receipt this Period: **3065.00**

Memo Item

C. BRANCH DEPOSIT

Full Name (Last, First, Middle Initial)

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 ▼ **49059.00**

Date of Receipt: **06 / 14 / 2016**
Transaction ID : SA11AI.18580

Amount of Each Receipt this Period: **5686.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **21701.00**

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 32 OF 168
(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	

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 GROUP

Full Name (Last, First, Middle Initial) A. BRANCH DEPOSIT		Date of Receipt
Mailing Address		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>
City State Zip Code		Transaction ID : SA11AI.18581
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="10604.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼		
<input type="text" value="59663.00"/>		

Full Name (Last, First, Middle Initial) B. BRANCH DEPOSIT		Date of Receipt
Mailing Address		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>
City State Zip Code		Transaction ID : SA11AI.18582
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="5610.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼		
<input type="text" value="65273.00"/>		

Full Name (Last, First, Middle Initial) C. BRANCH DEPOSIT		Date of Receipt
Mailing Address		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>
City State Zip Code		Transaction ID : SA11AI.18583
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="15135.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼		
<input type="text" value="80408.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="31349.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 33 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. BRANCH DEPOSIT
 Full Name (Last, First, Middle Initial)
 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 ▼ **85083.00**
 Date of Receipt: **06 / 27 / 2016**
Transaction ID : SA11AI.18584
 Amount of Each Receipt this Period: **4675.00**
 Memo Item

B. BRANCH DEPOSIT
 Full Name (Last, First, Middle Initial)
 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 ▼ **99214.00**
 Date of Receipt: **06 / 28 / 2016**
Transaction ID : SA11AI.18586
 Amount of Each Receipt this Period: **14131.00**
 Memo Item

C. BRANCH DEPOSIT
 Full Name (Last, First, Middle Initial)
 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 ▼ **118782.00**
 Date of Receipt: **06 / 29 / 2016**
Transaction ID : SA11AI.18585
 Amount of Each Receipt this Period: **19568.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **38374.00**
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 34 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. MORRISON Diana
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 Cape Ann Dr
 City State Zip Code
 Corp Christi TX 78412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 24 / 2016
Transaction ID : SA11AI.14641
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Brinkman Dirk and Sue
 Full Name (Last, First, Middle Initial)
 Mailing Address 1042 Moorea Dr
 City State Zip Code
 Roseburg OR 97471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 22 / 2016
Transaction ID : SA11AI.16048
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Ruttura Domenick
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Cabot St
 City State Zip Code
 West Babylon NY 11704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 08 / 2016
Transaction ID : SA11AI.7632
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00
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 35 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. CARLSON DON

Mailing Address 1 Hillview Dr

City Round Rock State TX Zip Code 78664

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

Name of Employer Occupation

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
 06 / 15 / 2016
Transaction ID : SA11AI.14675

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. McConville Donald

Mailing Address 200 E 57th St

City New York State NY Zip Code 10022

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

Name of Employer Occupation

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
 06 / 08 / 2016
Transaction ID : SA11AI.7332

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Thompson Doris

Mailing Address 2002 Ashbrook Ct

City Leland State NC Zip Code 28451

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.9131

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 36 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Romero Dorothy

Mailing Address PO Box 5082

City State Zip Code
Santa Fe NM 87502

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

Name of Employer Occupation

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
 06 / 08 / 2016
Transaction ID : SA11AI.15666

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Rowley Dorthy

Mailing Address PO Box 6335

City State Zip Code
Amado AZ 85645

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.15512

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Hollingshead Earl

Mailing Address 164 Saint Francis St

City State Zip Code
Mobile AL 36602

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

Name of Employer Occupation

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
 05 / 31 / 2016
Transaction ID : SA11AI.10823

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 37 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Branch Store eDeposit

Full Name (Last, First, Middle Initial)

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 ▼ **2866.00**

Date of Receipt: **04 / 19 / 2016**
Transaction ID : SA11AI.18589

Amount of Each Receipt this Period: **2866.00**

Memo Item

B. Branch Store eDeposit

Full Name (Last, First, Middle Initial)

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 ▼ **5456.00**

Date of Receipt: **04 / 19 / 2016**
Transaction ID : SA11AI.18590

Amount of Each Receipt this Period: **2590.00**

Memo Item

C. Branch Store eDeposit

Full Name (Last, First, Middle Initial)

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 ▼ **8776.00**

Date of Receipt: **04 / 25 / 2016**
Transaction ID : SA11AI.18591

Amount of Each Receipt this Period: **3320.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **8776.00**

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 38 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 GROUP

A. Branch Store eDeposit
 Full Name (Last, First, Middle Initial)
 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 ▼ **12398.00**
 Date of Receipt: **04 / 28 / 2016**
Transaction ID : SA11AI.18592
 Amount of Each Receipt this Period: **3622.00**
 Memo Item

B. Branch Store eDeposit
 Full Name (Last, First, Middle Initial)
 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 ▼ **13465.00**
 Date of Receipt: **04 / 29 / 2016**
Transaction ID : SA11AI.18593
 Amount of Each Receipt this Period: **1067.00**
 Memo Item

C. Branch Store eDeposit
 Full Name (Last, First, Middle Initial)
 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 ▼ **15751.00**
 Date of Receipt: **05 / 06 / 2016**
Transaction ID : SA11AI.18594
 Amount of Each Receipt this Period: **2286.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **6975.00**
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 39 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Branch Store eDeposit
 Full Name (Last, First, Middle Initial)
 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 ▼ **16456.00**
 Date of Receipt: **05 / 09 / 2016**
Transaction ID : SA11AI.18595
 Amount of Each Receipt this Period: **705.00**
 Memo Item

B. Branch Store eDeposit
 Full Name (Last, First, Middle Initial)
 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 ▼ **16536.00**
 Date of Receipt: **05 / 11 / 2016**
Transaction ID : SA11AI.18596
 Amount of Each Receipt this Period: **80.00**
 Memo Item

C. Branch Store eDeposit
 Full Name (Last, First, Middle Initial)
 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 ▼ **19541.00**
 Date of Receipt: **05 / 18 / 2016**
Transaction ID : SA11AI.18597
 Amount of Each Receipt this Period: **3005.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **3790.00**
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 40 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Branch Store eDeposit

Full Name (Last, First, Middle Initial)
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 ▼ **29591.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2016
Transaction ID : SA11AI.18598

Amount of Each Receipt this Period
10050.00

Memo Item

B. JANNOTTA EDGAR

Full Name (Last, First, Middle Initial)
Mailing Address 1171 Whitebridge Hill

City State Zip Code
Winnetka IL 60093

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

Name of Employer Occupation

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
05 / 24 / 2016
Transaction ID : SA11AI.12831

Amount of Each Receipt this Period
1000.00

Memo Item

C. CARLTON EDWARD

Full Name (Last, First, Middle Initial)
Mailing Address 12 Woodside Dr

City State Zip Code
Rumson NJ 07760

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

Name of Employer Occupation

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
05 / 24 / 2016
Transaction ID : SA11AI.7159

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **11300.00**

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 41 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Hutlas Edward
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 192199
 City Dallas State TX Zip Code 75219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : SA11AI.14017
 Amount of Each Receipt this Period
 225.00
 Memo Item

B. Gallun Edwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 32046 W Treasure Isl
 City Hartland State WI Zip Code 53029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 08 / 2016
Transaction ID : SA11AI.12180
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Gallun Edwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 32046 W Treasure Isl
 City Hartland State WI Zip Code 53029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA11AI.12181
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2225.00
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 42 OF 168
(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 GROUP

Full Name (Last, First, Middle Initial)
A. Watts Edwin

Mailing Address 107 Poquito Rd

City Shalimar State FL Zip Code 32579

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

Name of Employer Occupation

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
 06 / 21 / 2016

Transaction ID : SA11AI.9787

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Rado Elaine

Mailing Address 922 Sunnyside Ave

City Wyomissing State PA Zip Code 19610

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

Name of Employer Occupation

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
 06 / 23 / 2016

Transaction ID : SA11AI.17215

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Buckner Eldon

Mailing Address 13967 Hunt Mountain

City Baker City State OR Zip Code 97814

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

Name of Employer Occupation

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
 06 / 16 / 2016

Transaction ID : SA11AI.16101

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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 43 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Deposit EMS

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 ▼ **267.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2016
Transaction ID : SA11AI.18605

Amount of Each Receipt this Period
127.85

Memo Item

Full Name (Last, First, Middle Initial)
B. Deposit EMS

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 ▼ **276.95**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2016
Transaction ID : SA11AI.18606

Amount of Each Receipt this Period
9.61

Memo Item

Full Name (Last, First, Middle Initial)
C. Deposit EMS

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 ▼ **310.58**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2016
Transaction ID : SA11AI.18607

Amount of Each Receipt this Period
33.63

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **171.09**

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 44 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Deposit EMS

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code

Date of Receipt: 05 / 02 / 2016
Transaction ID : SA11AI.18608

FEC ID number of contributing federal political committee: C
Amount of Each Receipt this Period: 79.46
 Memo Item

Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼: 390.04

B. Deposit EMS

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code

Date of Receipt: 05 / 03 / 2016
Transaction ID : SA11AI.18609

FEC ID number of contributing federal political committee: C
Amount of Each Receipt this Period: 23.33
 Memo Item

Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼: 413.37

C. Deposit EMS

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code

Date of Receipt: 05 / 04 / 2016
Transaction ID : SA11AI.18610

FEC ID number of contributing federal political committee: C
Amount of Each Receipt this Period: 129.37
 Memo Item

Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼: 542.74

SUBTOTAL of Receipts This Page (optional)..... ▶ 232.16

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 45 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Deposit EMS

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 ▼ **561.95**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2016

Transaction ID : SA11AI.18611

Amount of Each Receipt this Period
19.21

Memo Item

Full Name (Last, First, Middle Initial)

B. Deposit EMS

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 ▼ **609.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.18612

Amount of Each Receipt this Period
48.03

Memo Item

Full Name (Last, First, Middle Initial)

C. Deposit EMS

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 ▼ **706.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SA11AI.18613

Amount of Each Receipt this Period
96.06

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **163.30**

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 46 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Deposit EMS

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 ▼ **730.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2016
Transaction ID : SA11Al.18614

Amount of Each Receipt this Period
24.02

Memo Item

Full Name (Last, First, Middle Initial)

B. Deposit EMS

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 ▼ **826.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2016
Transaction ID : SA11Al.18615

Amount of Each Receipt this Period
96.10

Memo Item

Full Name (Last, First, Middle Initial)

C. Deposit EMS

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 ▼ **931.51**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016
Transaction ID : SA11Al.18616

Amount of Each Receipt this Period
105.35

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **225.47**

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 47 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Deposit EMS

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 ▼ **955.53**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2016
Transaction ID : SA11Al.18617

Amount of Each Receipt this Period
24.02

Memo Item

Full Name (Last, First, Middle Initial)
B. Deposit EMS

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 ▼ **969.49**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2016
Transaction ID : SA11Al.18618

Amount of Each Receipt this Period
13.96

Memo Item

Full Name (Last, First, Middle Initial)
C. Deposit EMS

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 ▼ **1097.33**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2016
Transaction ID : SA11Al.18619

Amount of Each Receipt this Period
127.84

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **165.82**

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 48 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Deposit EMS

Full Name (Last, First, Middle Initial)

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 ▼ **1190.96**

Date of Receipt: **06 / 03 / 2016**
Transaction ID : SA11AI.18620

Amount of Each Receipt this Period: **93.63**

Memo Item

B. Deposit EMS

Full Name (Last, First, Middle Initial)

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 ▼ **1219.79**

Date of Receipt: **06 / 08 / 2016**
Transaction ID : SA11AI.18621

Amount of Each Receipt this Period: **28.83**

Memo Item

C. Deposit EMS

Full Name (Last, First, Middle Initial)

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 ▼ **1325.14**

Date of Receipt: **06 / 13 / 2016**
Transaction ID : SA11AI.18622

Amount of Each Receipt this Period: **105.35**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **227.81**

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 49 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Deposit EMS

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 ▼ **1339.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2016
Transaction ID : SA11AI.18623

Amount of Each Receipt this Period
13.96

Memo Item

Full Name (Last, First, Middle Initial)
B. Deposit EMS

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 ▼ **1429.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2016
Transaction ID : SA11AI.18624

Amount of Each Receipt this Period
89.98

Memo Item

Full Name (Last, First, Middle Initial)
C. Deposit EMS

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 ▼ **20768.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2016
Transaction ID : SA11AI.18625

Amount of Each Receipt this Period
19339.45

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **19443.39**

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 50 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Deposit EMS

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 ▼ **20801.23**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2016
Transaction ID : SA11AI.18626

Amount of Each Receipt this Period
32.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Deposit EMS

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 ▼ **23775.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2016
Transaction ID : SA11AI.18627

Amount of Each Receipt this Period
2974.27

Memo Item

Full Name (Last, First, Middle Initial)

C. Deposit EMS

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 ▼ **41990.18**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2016
Transaction ID : SA11AI.18628

Amount of Each Receipt this Period
18214.68

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **21221.65**

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 51 OF 168
	<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

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 GROUP

Full Name (Last, First, Middle Initial) A. Deposit EMS		Date of Receipt
Mailing Address		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.18629
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="46.75"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼		
<input type="text" value="42036.93"/>		

Full Name (Last, First, Middle Initial) B. Baumgart Ernest		Date of Receipt
Mailing Address 110 N Oak Dr		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City	State	Zip Code
Columbus	TX	78934
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14726
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼		
<input type="text" value="400.00"/>		

Full Name (Last, First, Middle Initial) C. McLeod Ethel		Date of Receipt
Mailing Address 3011 Mesa Rd		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
Lubbock	TX	79403
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14758
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼		
<input type="text" value="300.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="446.75"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 52 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Leonard Francis

Mailing Address 1969 Lost Dauphin Rd

City State Zip Code
De Pere WI 54115

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.12324

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ioppolo Sr Frank

Mailing Address 9101 Bay Point Dr

City State Zip Code
Orlando FL 32819

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.9888

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Callahan Gayle

Mailing Address 5725 Highway 39

City State Zip Code
Meridian MS 39305

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

Name of Employer Occupation

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
 06 / 08 / 2016
Transaction ID : SA11AI.11179

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 53 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Halter George

Mailing Address 622 E Pipestone Ave

City Flandreau State SD Zip Code 57028

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

Name of Employer Occupation

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
 06 / 14 / 2016
Transaction ID : SA11AI.12621

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Laman George

Mailing Address 1150 E Plant St

City Winter Garden State FL Zip Code 34787

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

Name of Employer Occupation

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
 06 / 18 / 2016
Transaction ID : SA11AI.10541

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Summers George

Mailing Address 215 El Bravo Way

City Palm Beach State FL Zip Code 33480

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.10135

Amount of Each Receipt this Period
1000.00

Memo Item

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 54 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial) A. Fontaine Glenda			Date of Receipt
Mailing Address 5934 Pier Place Dr			<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>
City Lakeland	State FL	Zip Code 33813	Transaction ID : SA11AI.10239
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer	Occupation		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) B. Fontaine Glenda			Date of Receipt
Mailing Address 5934 Pier Place Dr			<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2016"/>
City Lakeland	State FL	Zip Code 33813	Transaction ID : SA11AI.16894
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Name of Employer	Occupation		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>		

Full Name (Last, First, Middle Initial) C. Hammerly Harry			Date of Receipt
Mailing Address 4501 Gulf Shore Blvd			<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2016"/>
City Naples	State FL	Zip Code 34103	Transaction ID : SA11AI.10329
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2700.00"/>
Name of Employer	Occupation		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2700.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 55 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Hoover Harry

Mailing Address 6 Belleview Blvd

City Clearwater State FL Zip Code 33756

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

Name of Employer Occupation

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
 06 / 24 / 2016
Transaction ID : SA11AI.10209

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. SIG HESTER HAZEL

Mailing Address 5119 Highway 63

City Montezuma State IA Zip Code 50171

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

Name of Employer Occupation

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
 06 / 09 / 2016
Transaction ID : SA11AI.11950

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ford H Clark

Mailing Address 111 W 3rd St

City EUNICE State NM Zip Code 88231

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2016
Transaction ID : SA11AI.16889

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	455.00
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 56 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Ford III Hclark

Mailing Address 111 w 3rd st amp; 9;

City Roswell State NM Zip Code 88201

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : SA11AI.16891

Amount of Each Receipt this Period
225.00

Memo Item

Full Name (Last, First, Middle Initial)
B. jobs helen

Mailing Address 21812 Briarcliff Dr

City Spicewood State TX Zip Code 78669

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.14677

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Buhl Henry

Mailing Address 114 Greene St

City NEW YORK State NY Zip Code 10012

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA11AI.16509

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1225.00

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 57 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Tabor Herbert A.

Mailing Address 308 saddleback rd

City State Zip Code
austin TX 78737

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

Name of Employer Occupation

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
 06 / 24 / 2016
Transaction ID : SA11AI.16826

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Tabor Herbert A.

Mailing Address 308 saddleback rd

City State Zip Code
austin TX 78737

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA11AI.16827

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Facilla Herman

Mailing Address 2677 National Dr

City State Zip Code
Brooklyn NY 11234

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.7552

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 58 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Fleeman J
 Full Name (Last, First, Middle Initial)
 Mailing Address 5705 W Northgate Rd
 City Rogers State AR Zip Code 72758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 31 / 2016
Transaction ID : SA11AI.13728
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Fleeman J
 Full Name (Last, First, Middle Initial)
 Mailing Address 5705 W Northgate Rd
 City Rogers State AR Zip Code 72758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2016
Transaction ID : SA11AI.13729
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Ham Jack
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 State Highway207
 City POST State TX Zip Code 79356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 22 / 2016
Transaction ID : SA11AI.14753
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 59 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. KEOWN JACK

Mailing Address 1107 S 113th Ct

City State Zip Code
Omaha NE 68144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016
Transaction ID : SA11AI.13383

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Rosenmeier Jack

Mailing Address 9895 E Hidden Green

City State Zip Code
Scottsdale AZ 85262

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : SA11AI.15381

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. CROWLEY JAMES

Mailing Address 16203 Spring Creek R

City State Zip Code
Dallas TX 75248

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016
Transaction ID : SA11AI.14049

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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 60 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. MCROBERTS JAMES

Mailing Address 400 S 14th St

City State Zip Code
Saint Louis MO 63103

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

Name of Employer Occupation

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
 06 / 11 / 2016
Transaction ID : SA11AI.13061

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. STOREY JAMES

Mailing Address 344 W 35th St

City State Zip Code
Holland MI 49423

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

Name of Employer Occupation

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
 06 / 24 / 2016
Transaction ID : SA11AI.11833

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Baldwin James G

Mailing Address 5442 S Amberwood Dr

City State Zip Code
Chandler AZ 85248

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

Name of Employer Occupation

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
 05 / 04 / 2016
Transaction ID : SA11AI.15349

Amount of Each Receipt this Period
300.00

Memo Item

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 61 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Bankard James H

Mailing Address 716 W Hutchinson St

City Chicago State IL Zip Code 60613

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : SA11AI.12911

Amount of Each Receipt this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Knox Janis

Mailing Address 105 Conifer Cir

City Florissant State CO Zip Code 80816

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

Name of Employer Occupation

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
 06 / 09 / 2016
Transaction ID : SA11AI.14955

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Knox Janis

Mailing Address 105 Conifer Cir

City Florissant State CO Zip Code 80816

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : SA11AI.16837

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2525.00

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 62 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Knox Janis

Mailing Address 105 Conifer Cir

City Florissant State CO Zip Code 80816

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2016
Transaction ID : SA11AI.16836

Amount of Each Receipt this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Blair Jeannette

Mailing Address 280 Loma Media Rd

City Santa Barbara State CA Zip Code 93103

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

Name of Employer Occupation

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
 06 / 07 / 2016
Transaction ID : SA11AI.15910

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Carkhuff Jenelle

Mailing Address 2611 SW 35th Ter

City Topeka State KS Zip Code 66611

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.13312

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00

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 63 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. HUNSAKER jerome

Mailing Address 16 Larch Row

City State Zip Code
Wenham MA 01984

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

Name of Employer Occupation

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
 05 / 31 / 2016
Transaction ID : SA11AI.6674

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Cope Jill

Mailing Address 1188 Mandalay Pt

City State Zip Code
Clearwater Beach FL 33767

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.10215

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Johnson Jill

Mailing Address 1143 Triopia Rd

City State Zip Code
Concord IL 62631

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA11AI.16736

Amount of Each Receipt this Period
225.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.00

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 64 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Kelly J Kevin

Mailing Address 105 Trillium Pl

City Venetia State PA Zip Code 15367

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

Name of Employer Occupation

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
 06 / 24 / 2016
Transaction ID : SA11AI.8075

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Stribling Jo

Mailing Address 3530 N Ridge Dr

City Waco State TX Zip Code 76710

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : SA11AI.18203

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
C. DAVIS JOANNE

Mailing Address 1 Greenridge Rd

City Greenwood Vlg State CO Zip Code 80111

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

Name of Employer Occupation

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
 05 / 31 / 2016
Transaction ID : SA11AI.14828

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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 65 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. DAVIS JOANNE

Mailing Address 1 Greenridge Rd

City State Zip Code
Greenwood Vlg CO 80111

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : SA11AI.14829

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mosesian Joanne

Mailing Address 13700 Specking Ave

City State Zip Code
Anchorage AK 99515

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.18559

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Sullivan Joellyn

Mailing Address 560 Rienzi Dr

City State Zip Code
Memphis TN 38103

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.11073

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 66 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Belt John
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Town Path
 City State Zip Code
 Glen Cove NY 11542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 18 / 2016
Transaction ID : SA11AI.7596
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Crawford John
 Full Name (Last, First, Middle Initial)
 Mailing Address 1213 Mulberry Ln
 City State Zip Code
 Oklahoma City OK 73116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 21 / 2016
Transaction ID : SA11AI.13806
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Lucio John
 Full Name (Last, First, Middle Initial)
 Mailing Address 85A MADISON AVE
 City State Zip Code
 MOUNT HOLLY NJ 08060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 23 / 2016
Transaction ID : SA11AI.16507
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 67 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Lucio John
 Full Name (Last, First, Middle Initial)
 Mailing Address 85A MADISON AVE
 City MOUNT HOLLY State NJ Zip Code 08060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA11AI.16508
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. SORE JOHN
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 PENN BLVD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016
Transaction ID : SA11AI.7438
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Thomas John
 Full Name (Last, First, Middle Initial)
 Mailing Address 1620 Custer Ave
 City Odessa State TX Zip Code 79761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA11AI.14781
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 68 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Hurt Jon

Mailing Address 2706 Chapel View Dr

City State Zip Code
Corpus Christi TX 78414

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA11AI.16817

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Davis Joseph

Mailing Address 7722 Lost Tree Rd

City State Zip Code
Wilmington NC 28411

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.9127

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Heslep Josephine

Mailing Address 2700 Walhala Dr

City State Zip Code
Richmond VA 23236

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

Name of Employer Occupation

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
 06 / 28 / 2016
Transaction ID : SA11AI.8825

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 69 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. DREW JUDITH

Mailing Address 4340 Loblolly Cir SE

City State Zip Code
Southport NC 28461

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.9134

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Vickson June

Mailing Address 2005 Dickson Dr

City State Zip Code
Shreveport LA 71115

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

Name of Employer Occupation

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
 06 / 08 / 2016
Transaction ID : SA11AI.13646

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Gordon Kara

Mailing Address 1040 1st Ave N

City State Zip Code
Payette ID 83661

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.15141

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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 70 OF 168
	(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 GROUP

Full Name (Last, First, Middle Initial)
A. Brody Katherine

Mailing Address 69 5th Ave

City New York State NY Zip Code 10003

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

Name of Employer Occupation

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
 05 / 24 / 2016

Transaction ID : SA11AI.7312

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Magrini Katherine

Mailing Address 2424 S Cincinnati Av

City Tulsa State OK Zip Code 74114

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

Name of Employer Occupation

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
 06 / 18 / 2016

Transaction ID : SA11AI.13878

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Cook Kathryn

Mailing Address 7725 N Foothill Dr S amp; 9;

City Paradise Valley State AL Zip Code 85253

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : SA11AI.16872

Amount of Each Receipt this Period
3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 71 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Biedenharn Kathy
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 Highway 3033
 City West Monroe State LA Zip Code 71292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA11AI.18103
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Schroeder Kay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 Clearfork St
 City Lockhart State TX Zip Code 78644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016
Transaction ID : SA11AI.14671
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Little Ken
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 Harpers Ferry R
 City Birmingham State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016
Transaction ID : SA11AI.10637
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
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 72 OF 168
	<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 GROUP

Full Name (Last, First, Middle Initial)
A. Bratney Kenneth

Mailing Address 13731 Hickman Rd

City Urbandale State IA Zip Code 50323

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

Name of Employer Occupation

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
 06 / 24 / 2016

Transaction ID : SA11AI.17752

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Scoggins Lacey and Bea

Mailing Address 1310 Lariat Dr

City Bartlesville State OK Zip Code 74006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : SA11AI.13855

Amount of Each Receipt this Period
400.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Harber Lacy

Mailing Address 377 Neva Ln

City Denison State TX Zip Code 75020

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

Name of Employer Occupation

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
 05 / 25 / 2016

Transaction ID : SA11AI.13931

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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 73 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. chrouch larence
 Full Name (Last, First, Middle Initial)
 Mailing Address 16422 On Par Blvd
 City Fort Myers State FL Zip Code 33908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 28 / 2016
Transaction ID : SA11AI.10281
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Carter Larry
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Innisbrook Ave
 City Las Vegas State NV Zip Code 89113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 04 / 2016
Transaction ID : SA11AI.15769
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Meisner Larry
 Full Name (Last, First, Middle Initial)
 Mailing Address 1792 S 28th Ave E
 City Newton State IA Zip Code 50208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2016
Transaction ID : SA11AI.11955
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2200.00
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 74 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Ripak Lawrence

Mailing Address 5 Tammi Ct

City Kings Park State NY Zip Code 11754

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

Name of Employer Occupation

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
 06 / 14 / 2016
Transaction ID : SA11AI.7671

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Wright Lea

Mailing Address 3201 S Travis St

City Amarillo State TX Zip Code 79109

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2016
Transaction ID : SA11AI.14743

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Bohn Linda

Mailing Address PO Box 1116

City Fulton State TX Zip Code 78358

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

Name of Employer Occupation

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
 06 / 24 / 2016
Transaction ID : SA11AI.14622

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 75 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Cassens Linda

Mailing Address 2000 Royal Marco Way

City State Zip Code
Marco Island FL 34145

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

Name of Employer Occupation

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
 06 / 04 / 2016
Transaction ID : SA11AI.10372

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Miller Linda

Mailing Address 19751 Cobblestone Ci

City State Zip Code
Venice FL 34292

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

Name of Employer Occupation

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
 06 / 08 / 2016
Transaction ID : SA11AI.16368

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Miller Linda

Mailing Address 19751 Cobblestone Ci

City State Zip Code
Venice FL 34292

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2016
Transaction ID : SA11AI.10422

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 76 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Hagadone Lola Clarice
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6200

City Coeur D Alene	State ID	Zip Code 83816
-----------------------	-------------	-------------------

Date of Receipt: 05 / 25 / 2016
Transaction ID : SA11AI.15167

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 500.00

Memo Item

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

B. Beech Loretta
Full Name (Last, First, Middle Initial)
Mailing Address 11372 Greenside Dr

City Gonzales	State LA	Zip Code 70737
------------------	-------------	-------------------

Date of Receipt: 06 / 09 / 2016
Transaction ID : SA11AI.13583

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 500.00

Memo Item

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

C. Reagan Loretta
Full Name (Last, First, Middle Initial)
Mailing Address 59 Wildwood Dr

City Temple	State GA	Zip Code 30179
----------------	-------------	-------------------

Date of Receipt: 06 / 24 / 2016
Transaction ID : SA11AI.16601

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 100.00

Memo Item

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

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 77 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Griffin M

Mailing Address PO Box 1699

City State Zip Code
Monroe NC 28111

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

Name of Employer Occupation

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
 06 / 28 / 2016
Transaction ID : SA11AI.17331

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Abraham Malouf

Mailing Address PO Box 1283

City State Zip Code
Canadian TX 79014

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

Name of Employer Occupation

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
 06 / 08 / 2016
Transaction ID : SA11AI.14728

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Gosline Marcia

Mailing Address 1369 Blease Loop

City State Zip Code
The Villages FL 32162

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.17410

Amount of Each Receipt this Period
500.00

Memo Item

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 78 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Legrey Marcia

Mailing Address 462 S Country Club D

City State Zip Code
Lake Worth FL 33462

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.10097

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Caldwell Margaret

Mailing Address 2975 Terrace Dr Apt 217

City State Zip Code
Las Cruces NM 88011

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA11AI.15675

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Handley margaret

Mailing Address 1450 Emerson Ave

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.17276

Amount of Each Receipt this Period
500.00

Memo Item

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 79 OF 168
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 GROUP

Full Name (Last, First, Middle Initial)
A. Meeker Margaret

Mailing Address 4900 Westridge Ave

City Fort Worth State TX Zip Code 76116

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

Name of Employer Occupation

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
 06 / 10 / 2016
Transaction ID : SA11AI.14162

Amount of Each Receipt this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Fleming Marie

Mailing Address 629 Meadowlark Rd

City Norristown State PA Zip Code 19403

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.17205

Amount of Each Receipt this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. DORFMAN MARILYNNE

Mailing Address 12 Chicory Ln

City Riverwoods State IL Zip Code 60015

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

Name of Employer Occupation

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
 05 / 24 / 2016
Transaction ID : SA11AI.12791

Amount of Each Receipt this Period
 1000.00

Memo Item

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 80 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Lawrence Marjorie

Mailing Address 2223 W Caliret St.

City Kuna State ID Zip Code 83634

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

Name of Employer Occupation

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
 06 / 15 / 2016
Transaction ID : SA11AI.15130

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. DuVal Mark

Mailing Address 3775 Pioneer Dr

City Woodbury State MN Zip Code 55125

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

Name of Employer Occupation

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
 06 / 25 / 2016
Transaction ID : SA11AI.17863

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ostrom Marlene

Mailing Address 10700 NE 4th St

City Bellevue State WA Zip Code 98004

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.16109

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 81 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. FLYNN MARY

Mailing Address 966 Cherokee Rd

City State Zip Code
Louisville KY 40204

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.11245

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Gravlee Mary

Mailing Address 2125 Quailwood Dr

City State Zip Code
Enid OK 73703

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2016
Transaction ID : SA11AI.13839

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. olsson mary

Mailing Address 190 hamilton ave

City State Zip Code
new rochelle NY 10801

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.7474

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 82 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Pampena mARY

Mailing Address 6012 Heberton Dr

City Verona State PA Zip Code 15147

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

Name of Employer Occupation

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
 05 / 31 / 2016
Transaction ID : SA11AI.8057

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Schwartz Mary

Mailing Address 2290 Hill Rd

City Scotch Plains State NJ Zip Code 07076

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.7088

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Wells Mary

Mailing Address 1115 Broadview Pl

City Colorado Springs State CO Zip Code 80904

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.14968

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 83 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. carter maxine
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 glenveiw
 City napoes State FL Zip Code 31108
 Date of Receipt: 05 / 25 / 2016
Transaction ID : SA11AI.10339
 Amount of Each Receipt this Period: 100.00
 Memo Item
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 500.00

B. Chiriac Michael
 Full Name (Last, First, Middle Initial)
 Mailing Address 6914 62nd Dr
 City Middle Village State NY Zip Code 11379
 Date of Receipt: 06 / 22 / 2016
Transaction ID : SA11AI.7576
 Amount of Each Receipt this Period: 500.00
 Memo Item
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 500.00

C. Cooke Michael
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 S Boston Ave
 City TULSA State OK Zip Code 74103
 Date of Receipt: 06 / 24 / 2016
Transaction ID : SA11AI.18152
 Amount of Each Receipt this Period: 200.00
 Memo Item
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 400.00

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 84 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Mennello Micheal

Mailing Address 1311 Via Tuscany

City Winter Park State FL Zip Code 32789

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

Name of Employer Occupation

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
 06 / 01 / 2016
Transaction ID : SA11AI.9858

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Schell Millie

Mailing Address 415 Turnberry Dr

City Jefferson City State MO Zip Code 65109

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.13210

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Gehle Milton

Mailing Address 109 Willow Ln

City Westby State WI Zip Code 54667

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.17841

Amount of Each Receipt this Period
500.00

Memo Item

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 85 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Martin Nancy

Mailing Address 14255 River Rd

City State Zip Code
Plano IL 60545

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

Name of Employer Occupation

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
 06 / 18 / 2016
Transaction ID : SA11AI.12902

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Polk Nancy

Mailing Address 4701 Paris Pike

City State Zip Code
Lexington KY 40511

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : SA11AI.11321

Amount of Each Receipt this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Sugahara Nancy

Mailing Address 40 Robinhood Dr

City State Zip Code
Mountain Lakes NJ 07046

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.7076

Amount of Each Receipt this Period
500.00

Memo Item

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 86 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Goetz nathan

Mailing Address 150 Moorings Park Dr

City State Zip Code
NAPLES FL 34105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2016
Transaction ID : SA11AI.10338

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Goetz nathan

Mailing Address 150 Moorings Park Dr

City State Zip Code
NAPLES FL 34105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA11AI.16901

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Hoelzer Ned

Mailing Address 3088 Oxford Millvill

City State Zip Code
Oxford OH 45056

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

Name of Employer Occupation

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
 06 / 28 / 2016
Transaction ID : SA11AI.11461

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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 87 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Swanson Neil

Mailing Address 100 Butler Ln

City State Zip Code
New Canaan CT 06840

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

Name of Employer Occupation

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
 06 / 04 / 2016
Transaction ID : SA11AI.7023

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dana Norma

Mailing Address PO Box 1241

City State Zip Code
Darien CT 06820

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA11AI.7011

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Hill Oma

Mailing Address 906 S Mustang Rd

City State Zip Code
Tuttle OK 73089

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

Name of Employer Occupation

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
 06 / 10 / 2016
Transaction ID : SA11AI.13787

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5750.00

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 88 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Dunsmore Patricia

Mailing Address 940 Turtle Cove Ln

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.9934

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Severson Patricia

Mailing Address 33757 314th St

City State Zip Code
Moorhead IA 51558

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.12092

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Manley Patty

Mailing Address Not Available

City State Zip Code
Not Available CA 90206

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.16896

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 89 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Moore Paul
 Full Name (Last, First, Middle Initial)
 Mailing Address 1406 Washington Ave
 City State Zip Code
 Pascagoula MS 39567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 04 / 2016
Transaction ID : SA11AI.11209
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Moore Paul
 Full Name (Last, First, Middle Initial)
 Mailing Address 1406 Washington Ave
 City State Zip Code
 Pascagoula MS 39567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 04 / 2016
Transaction ID : SA11AI.11210
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Jones Penelope
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Progress Dr
 City State Zip Code
 Montgomeryville PA 18936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 28 / 2016
Transaction ID : SA11AI.17189
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 90 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Jones Penelope

Mailing Address 207 Progress Dr

City State Zip Code
Montgomeryville PA 18936

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

Name of Employer Occupation

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
 06 / 28 / 2016
Transaction ID : SA11AI.17194

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Jones Penelope

Mailing Address 207 Progress Dr

City State Zip Code
Montgomeryville PA 18936

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2016
Transaction ID : SA11AI.17195

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ellis Penny

Mailing Address 74165 River Rd

City State Zip Code
Covington LA 70435

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

Name of Employer Occupation

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
 06 / 28 / 2016
Transaction ID : SA11AI.13495

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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 91 OF 168
	<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 GROUP

Full Name (Last, First, Middle Initial)
A. Krug Philip

Mailing Address 25 Blue Heron Dr

City Littleton State CO Zip Code 80121

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

Name of Employer Occupation

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
 06 / 22 / 2016
Transaction ID : SA11AI.14843

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Vance Rebecca

Mailing Address 39 Eagle Dr

City Tifton State GA Zip Code 31793

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

Name of Employer Occupation

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
 06 / 24 / 2016
Transaction ID : SA11AI.9531

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. HOLLAR RHEA

Mailing Address 3025 Rockbrook Ln

City Colorado Spgs State CO Zip Code 80904

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

Name of Employer Occupation

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
 05 / 31 / 2016
Transaction ID : SA11AI.14966

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 92 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. BENNETT RICHARD

Mailing Address 1694 E Hayden Ave

City Hayden State ID Zip Code 83835

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

Name of Employer Occupation

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
 06 / 04 / 2016
Transaction ID : SA11AI.15171

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. BENNETT RICHARD

Mailing Address 1694 E Hayden Ave

City Hayden State ID Zip Code 83835

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2016
Transaction ID : SA11AI.15174

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Crisler Richard

Mailing Address 8368 River Rd

City HEBRON State KY Zip Code 41048

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

Name of Employer Occupation

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
 06 / 28 / 2016
Transaction ID : SA11AI.11349

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 93 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. MORAN RICHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 Parkview Dr
 City Steamboat Spr State CO Zip Code 80487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA11AI.14916
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. MORAN RICHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 Parkview Dr
 City Steamboat Spr State CO Zip Code 80487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA11AI.14917
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Scianna Rita
 Full Name (Last, First, Middle Initial)
 Mailing Address 5738 Old Highway 36
 City Bellville State TX Zip Code 77418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA11AI.14392
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 94 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Bagby Robert

Mailing Address 470 Captains Cir

City Destin State FL Zip Code 32541

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

Name of Employer Occupation

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
 06 / 23 / 2016

Transaction ID : SA11AI.9762

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Danaher Robert

Mailing Address 1210 10th Ave NE

City Sauk Rapids State MN Zip Code 56379

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

Name of Employer Occupation

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
 06 / 24 / 2016

Transaction ID : SA11AI.17881

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address PO Box 976

City Azle State TX Zip Code 76098

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2016

Transaction ID : SA11AI.8395

Amount of Each Receipt this Period
250.00

Memo Item

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 95 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Fisher Robert

Mailing Address PO Box 976

City State Zip Code
Azle TX 76098

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : SA11AI.6936

Amount of Each Receipt this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. WALTER ROBERT

Mailing Address 5 Valley Rd

City State Zip Code
Rockaway NJ 07866

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

Name of Employer Occupation

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
 06 / 15 / 2016
Transaction ID : SA11AI.7171

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dabbondanza Rodney

Mailing Address 12600 Parkland Dr

City State Zip Code
Rockville MD 20853

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.17235

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1525.00

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 96 OF 168
(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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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Cooper Ronald

Mailing Address PO Box 757

City State Zip Code
Leadville CO 80461

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
06 / 23 / 2016
Transaction ID : SA11AI.17293

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. HIGGS RONALD

Mailing Address 1227 River Oaks Dr

City State Zip Code
Kingston TN 37763

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 11 / 2016
Transaction ID : SA11AI.11008

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Lay Ronald

Mailing Address 3322 S Harbour Cir

City State Zip Code
Panama City FL 32405

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 24 / 2016
Transaction ID : SA11AI.9725

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 97 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Suppersad Rustand

Mailing Address 89 Perry St

City Hempstead State NY Zip Code 11550

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

Name of Employer Occupation

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
 06 / 09 / 2016
Transaction ID : SA11AI.7600

Amount of Each Receipt this Period
 300.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Stewart Ruth

Mailing Address Not Available

City Not Available State CA Zip Code 90206

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

Name of Employer Occupation

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
 06 / 28 / 2016
Transaction ID : SA11AI.16898

Amount of Each Receipt this Period
 500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. moore scott

Mailing Address Not Available

City Not Available State CA Zip Code 90206

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

Name of Employer Occupation

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
 06 / 24 / 2016
Transaction ID : SA11AI.16908

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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 98 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 GROUP

Full Name (Last, First, Middle Initial)
A. George Sharon

Mailing Address 6111 Plantation Dr

City State Zip Code
Grand Blanc MI 48439

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.11673

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Wheeler Sherri

Mailing Address 1075 Aster Ln

City State Zip Code
West Chicago IL 60185

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

Name of Employer Occupation

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
 06 / 08 / 2016
Transaction ID : SA11AI.12854

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Reum SM

Mailing Address PO Box 130

City State Zip Code
Wayne IL 60184

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

Name of Employer Occupation

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
 06 / 07 / 2016
Transaction ID : SA11AI.12852

Amount of Each Receipt this Period
300.00

Memo Item

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 99 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Groussis Stanley

Mailing Address 3 Carl St

City State Zip Code
Newton Highlands MA 02461

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

Name of Employer Occupation

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
 06 / 16 / 2016
Transaction ID : SA11AI.6725

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. PATTON STEVE AND JANIS

Mailing Address 207 Plantation Dr

City State Zip Code
Woodruff SC 29388

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

Name of Employer Occupation

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
 06 / 28 / 2016
Transaction ID : SA11AI.9297

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Woodworth Thomas

Mailing Address 3482 Oakdale

City State Zip Code
Hickory Corners MI 49060

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

Name of Employer Occupation

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
 06 / 21 / 2016
Transaction ID : SA11AI.11766

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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 100 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. Schmidt Uwe
 Full Name (Last, First, Middle Initial)
 Mailing Address 3055 Alpaca Rd
 City Joplin State MO Zip Code 64804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2016
Transaction ID : SA11AI.16743
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Songer Velda
 Full Name (Last, First, Middle Initial)
 Mailing Address 9840 County Road 603
 City Burleson State TX Zip Code 76028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 22 / 2016
Transaction ID : SA11AI.14130
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. LINDO Victoria
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 Golfpark Dr
 City Kissimmee State FL Zip Code 34747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 24 / 2016
Transaction ID : SA11AI.16906
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
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 101 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Courtney Vincent

Mailing Address 2706 N 161st Ave

City Omaha State NE Zip Code 68116

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2016
Transaction ID : SA11AI.18049

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dahl Vinje

Mailing Address 511 613th Ave

City Sabula State IA Zip Code 52070

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016
Transaction ID : SA11AI.12100

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Johnson Walter

Mailing Address 3395 Travers Ct

City Summerfield State NC Zip Code 27358

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016
Transaction ID : SA11AI.8950

Amount of Each Receipt this Period
100.00

Memo Item

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 102 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. SOCHANSKI WANDA

Mailing Address 120 N 14th St

City Allentown State PA Zip Code 18102

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

Name of Employer Occupation

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
 06 / 24 / 2016
Transaction ID : SA11AI.17185

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Sullivan Warren

Mailing Address 400 S 14th St

City SAINT LOUIS State MO Zip Code 63103

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

Name of Employer Occupation

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
 06 / 24 / 2016
Transaction ID : SA11AI.17983

Amount of Each Receipt this Period
150.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dendekker Warren N

Mailing Address 274 S Wild Horse Way

City Cottonwood State AZ Zip Code 86326

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : SA11AI.16884

Amount of Each Receipt this Period
225.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00

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 103 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. witmore will

Mailing Address 320 Inverrary Rd

City State Zip Code
Pinehurst NC 28374

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

Name of Employer Occupation

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
 05 / 23 / 2016
Transaction ID : SA11AI.9100

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Arndt William

Mailing Address N5843 Rockland Beach

City State Zip Code
Hilbert WI 54129

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

Name of Employer Occupation

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
 06 / 08 / 2016
Transaction ID : SA11AI.12326

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address N5843 Rockland Beach

City State Zip Code
Hilbert WI 54129

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA11AI.12327

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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 104 OF 168
	<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 GROUP

Full Name (Last, First, Middle Initial)
A. foster william

Mailing Address 10416 Chandler Way

City Raleigh State NC Zip Code 27614

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 28 / 2016
Transaction ID : SA11AI.8997

Amount of Each Receipt this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Froling William

Mailing Address 3715 E 15 Mile Rd

City Sterling Heights State MI Zip Code 48310

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 22 / 2016
Transaction ID : SA11AI.11629

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 526 Whitetail Rd

City Church Hill State TN Zip Code 37642

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 09 / 2016
Transaction ID : SA11AI.10982

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 105 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Mattice William

Mailing Address 1032 Warm Springs Cr

City State Zip Code
Garrison MT 59731

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016
Transaction ID : SA11AI.12719

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Prestage William

Mailing Address 406 Coharie Dr

City State Zip Code
Clinton NC 28328

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2016
Transaction ID : SA11AI.9096

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 2200 Live Oak Dr

City State Zip Code
Portland TX 78374

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016
Transaction ID : SA11AI.14629

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2350.00

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 106 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)
A. Ryan William

Mailing Address 471 Manor Rd

City Wexford State PA Zip Code 15090

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

Name of Employer Occupation

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
 06 / 23 / 2016
Transaction ID : SA11AI.8042

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. smith william

Mailing Address 737 spencer st unit C

City honolulu State HI Zip Code 96813

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2016
Transaction ID : SA11AI.11076

Amount of Each Receipt this Period
1000.00

Memo Item

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	417843.28

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. ACCESS ACCOUNTING

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.18660

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ACCESS ACCOUNTING

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.18661

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ACCESS ACCOUNTING

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.18662

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. BANK TRANSACTIONS FEE

Mailing Address

City State Zip Code

Purpose of Disbursement

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
05 / 18 / 2016

Transaction ID : SB29.18924

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BANK TRANSACTIONS FEE

Mailing Address

City State Zip Code

Purpose of Disbursement

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
05 / 31 / 2016

Transaction ID : SB29.18872

Amount of Each Disbursement this Period

326.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BANK TRANSACTIONS FEE

Mailing Address

City State Zip Code

Purpose of Disbursement

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
06 / 30 / 2016

Transaction ID : SB29.18871

Amount of Each Disbursement this Period

694.50

Memo Item

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

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

1050.50

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18676

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18678

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18680

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18666

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18667

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18672

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18677

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18679

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18681

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18668

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18669

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BOFA MERCH SVCS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18670

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. BY PHONE

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18773

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BY PHONE

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18793

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CASHED CHECK # 1002

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18684

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. CASHED CHECK # 1002

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18683

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. DIGITALOCEAN.COM

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18783

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EMS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18691

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. EMS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.18692

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EMS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.18693

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EMS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.18694

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. IHEART MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18785

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. IHEART MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18788

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. INCNOW

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18790

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. InfoCision Management Corporation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Mailing Address

City State Zip Code

Transaction ID : SB29.18926

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/Type

10845.31

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. Josiah Cammer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Mailing Address 2103 Nueces Street

City State Zip Code
Austin TX 78705

Transaction ID : SB29.18879

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/Type

3000.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. Josiah Cammer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Mailing Address 2103 Nueces Street

City State Zip Code
Austin TX 78705

Transaction ID : SB29.18880

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/Type

3000.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

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

16845.31

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. JOSIAH CAMMER CHECK # 1004

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2016

Mailing Address

City State Zip Code

Transaction ID : SB29.18688

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8000.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. JOSIAH CAMMER CHECK # 1008

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2016

Mailing Address

City State Zip Code

Transaction ID : SB29.18690

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. JOSIAH CAMMER Check 1003

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2016

Mailing Address

City State Zip Code

Transaction ID : SB29.18686

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18890

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18891

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18892

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18893

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18886

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18887

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18888

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18889

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18885

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18894

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18895

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18883

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18896

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18897

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18898

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18899

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18882

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18900

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18901

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18902

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18903

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.18916

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.18917

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.18904

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18905

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18884

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18918

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18906

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18919

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18907

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18908

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18920

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18909

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18910

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18921

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18911

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18912

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18913

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18914

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18915

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Media Consultant

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18922

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NMX FeedNetwork

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18760

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. NMX FeedNetwork

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18763

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. NMX FeedNetwork

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18764

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NMX FeedNetwork

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18768

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. NMX FeedNetwork

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18775

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. NMX FeedNetwork

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18776

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18707

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18708

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18709

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18710

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18711

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18774

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18712

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18713

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18714

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18704

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18727

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18779

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18780

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18781

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18715

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18716

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18717

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18718

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18719

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18720

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18721

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18722

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18723

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18724

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18725

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18726

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. POLITICALROBOCALLS.COM

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18928

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. REGUS

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18792

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18813

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18814

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18815

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18816

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18817

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18818

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18819

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18820

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18821

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18822

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18823

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18824

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18825

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18826

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18827

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18828

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18829

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18830

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18831

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18832

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18833

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18834

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18835

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18836

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18837

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18838

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18839

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18840

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18841

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18842

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18843

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18844

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18845

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18846

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18847

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18848

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18849

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18850

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18851

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18852

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18853

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18854

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18855

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18856

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18857

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18858

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18859

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18860

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18861

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18862

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.18863

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18864

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18865

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18866

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18867

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18868

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SMARTCALL MEDIA

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.18869

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. TELE-DIRECT

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18745

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TELE-DIRECT

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18747

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TELE-DIRECT

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18753

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. THE BLAZE theblaze.com

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18733

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. THE BLAZE theblaze.com

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18734

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. THE BLAZE theblaze.com

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18799

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. THE BLAZE theblaze.com

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18735

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. THE BLAZE theblaze.com

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18803

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. THE BLAZE theblaze.com

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18811

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. UPWORK

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18761

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. UPWORK

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18777

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. UPWORK

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18794

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

A. USPS

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 26 / 2016

Transaction ID : **SB29.18772**

Amount of Each Disbursement this Period: 134.50

Memo Item

B. USPS

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 24 / 2016

Transaction ID : **SB29.18786**

Amount of Each Disbursement this Period: 115.32

Memo Item

C. USPS

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 24 / 2016

Transaction ID : **SB29.18787**

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 349.82

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIBERTY ACTION GROUP

Full Name (Last, First, Middle Initial)

A. VEJUICE GMBH

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18878

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. VOLUUM WARSAW

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.18810

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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