

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Liberty Unleashed

ADDRESS (number and street) 4101 HIATUS ROAD
SUITE 402
SUNRISE FL 33351
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00522482

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 04 / 01 / 2012 through [MM] / [DD] / [YYYY] 06 / 30 / 2012

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

Type or Print Name of Treasurer Jae Kim

Signature of Treasurer Jae Kim [Electronically Filed] Date 07 / 15 / 2012

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Liberty Unleashed

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28707.81"/>	<input type="text" value="28707.81"/>
(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="28707.81"/>	<input type="text" value="28707.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1995.37"/>	<input type="text" value="1995.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26712.44"/>	<input type="text" value="26712.44"/>
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="250.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Liberty Unleashed

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).....	9970.60	9970.60
(ii) Unitemized	16287.77	16287.77
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26258.37	26258.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2198.08	2198.08
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	28456.45	28456.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	250.00	250.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.36	1.36
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	28707.81	28707.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28707.81	28707.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1995.37	1995.37
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)) ..	1995.37	1995.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1995.37	1995.37

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)	28456.45	28456.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28456.45	28456.45
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 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Liberty Unleashed

Full Name (Last, First, Middle Initial)
A. ABO Sticky Notes

Mailing Address 2850 Shoreline Tr
PMB #96

City State Zip Code
Rockwall TX 75032

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.4160

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Kristin Alpert

Mailing Address 44 Sweetgrass lane

City State Zip Code
Holliston MA 01746

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

Name of Employer Occupation
metrowest medical center RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4478

Amount of Each Receipt this Period
80.50

Full Name (Last, First, Middle Initial)
C. Colby Babcock

Mailing Address 335 On Par lane

City State Zip Code
Soldotna AK 99669

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

Name of Employer Occupation
Hilcorp Electrician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2012
Transaction ID : SA11AI.4212

Amount of Each Receipt this Period
401.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1232.00

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 25
	(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 Unleashed

Full Name (Last, First, Middle Initial)
A. Blake Benson

Mailing Address 881 NW 85th Ter.
Apt. 1601

City Plantation State FL Zip Code 33324

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.50

Date of Receipt
06 / 16 / 2012
Transaction ID : SA11AI.4198

Amount of Each Receipt this Period
202.50

Full Name (Last, First, Middle Initial)
B. Philip Blumel

Mailing Address 240 Walton Heath Drive

City Atlantis State FL Zip Code 33462

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

Name of Employer Raymond James & Associates Occupation CFP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
329.00

Date of Receipt
06 / 29 / 2012
Transaction ID : SA11AI.4359

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
C. mark bone

Mailing Address 190 cavalier road

City athens State GA Zip Code 30606

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

Name of Employer Self Occupation Plumber

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
398.00

Date of Receipt
06 / 18 / 2012
Transaction ID : SA11AI.4238

Amount of Each Receipt this Period
398.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 775.50

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 25
(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 Unleashed

Full Name (Last, First, Middle Initial)
A. Bill Boone

Mailing Address 4226 E FR 132

City Springfield State MO Zip Code 65802-6233

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

Name of Employer Cox Health Occupation Guest Service Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.50

Date of Receipt
06 / 29 / 2012
Transaction ID : SA11AI.4361

Amount of Each Receipt this Period
202.50

Full Name (Last, First, Middle Initial)
B. Kathy Cushing

Mailing Address 347 Mount Zion Road

City Wellsboro State PA Zip Code 16901

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

Name of Employer Self Occupation Title Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
398.00

Date of Receipt
06 / 22 / 2012
Transaction ID : SA11AI.4298

Amount of Each Receipt this Period
398.00

Full Name (Last, First, Middle Initial)
C. Justin Delosh

Mailing Address 207 woods lane

City Cedar Park State TX Zip Code 78613

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

Name of Employer Self Occupation Construction

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
398.00

Date of Receipt
06 / 16 / 2012
Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
398.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 998.50

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 9 OF 25
	<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 Unleashed

Full Name (Last, First, Middle Initial)
A. Matthew Downey

Mailing Address 6516 Telegraph Rd

City Alexandria State VA Zip Code 22310

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

Name of Employer Self Occupation Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4420

Amount of Each Receipt this Period
252.00

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

Mailing Address 6523 Senegal Palm Way

City Apollo Beach State FL Zip Code 33572

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

Name of Employer School Dist/Hillsborough Cnty Occupation Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.4175

Amount of Each Receipt this Period
231.00

Full Name (Last, First, Middle Initial)
c. Nga Gagnon

Mailing Address 17 BaRmatable Rd

City Worcester State MA Zip Code 01606

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

Name of Employer None Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : SA11AI.4466

Amount of Each Receipt this Period
231.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 714.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
	<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 Unleashed

A. Alfonso Giles
Full Name (Last, First, Middle Initial)

Mailing Address 680 E. Stroube st.

City Oxnard State CA Zip Code 93036

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

Name of Employer US Army Occupation Soldier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2012

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period
 202.50

B. Sharissa Greer
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Forest Road Circle

City Norman State OK Zip Code 73026

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

Name of Employer My Children Occupation Mother

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period
 399.00

C. Ken Griffin
Full Name (Last, First, Middle Initial)

Mailing Address 281 buena vista

City hot springs State AR Zip Code 71913

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

Name of Employer self Occupation HVACTech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
 154.00

SUBTOTAL of Receipts This Page (optional).....▶	755.50
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 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Liberty Unleashed

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

Mailing Address 10011 Shinnamon Drive

City State Zip Code
LaVale MD 21502

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

Name of Employer Occupation
Self Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.4278

Amount of Each Receipt this Period
385.00

Full Name (Last, First, Middle Initial)
B. Judith King

Mailing Address 629 Lehman Street

City State Zip Code
Woodbury TN 37190

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

Name of Employer Occupation
Teacher Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2012
Transaction ID : SA11AI.4328

Amount of Each Receipt this Period
401.50

Full Name (Last, First, Middle Initial)
C. David Krambeck

Mailing Address 919 Carraway St.

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
Creative Food Group General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2012
Transaction ID : SA11AI.4220

Amount of Each Receipt this Period
202.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 989.00

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 12 OF 25
	<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 Unleashed

Full Name (Last, First, Middle Initial)
A. glenn lemons

Mailing Address 619 meadowview ln

City State Zip Code
coppell TX 75019

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

Name of Employer Occupation
direct logistics President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
398.00

Date of Receipt
06 / 18 / 2012
Transaction ID : SA11AI.4240

Amount of Each Receipt this Period
398.00

Full Name (Last, First, Middle Initial)
B. Celeste Manriquez

Mailing Address 3581 Estelle Rd.

City State Zip Code
Osgood IN 47037

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

Name of Employer Occupation
N/A N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
06 / 24 / 2012
Transaction ID : SA11AI.4324

Amount of Each Receipt this Period
252.00

Full Name (Last, First, Middle Initial)
C. Nick Ohley

Mailing Address 688 110th Ave NE
Apt s1803

City State Zip Code
Bellevue WA 98004

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

Name of Employer Occupation
Student Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.35

Date of Receipt
06 / 30 / 2012
Transaction ID : SA11AI.4426

Amount of Each Receipt this Period
230.35

SUBTOTAL of Receipts This Page (optional)..... ▶ 880.35

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 13 OF 25
	<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 Unleashed

A. Harold Owen
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Pine Knob Rd

City Eldersburg State MD Zip Code 21784

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

Name of Employer Cocoasystems Inc Occupation Software Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 401.50

Date of Receipt 06 / 19 / 2012
Transaction ID : SA11AI.4258

Amount of Each Receipt this Period 401.50

B. Douglas Ozebek Jr
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Paula St 1F

City Calera State OK Zip Code 74730

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

Name of Employer unemployed Occupation unemployed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt 06 / 16 / 2012
Transaction ID : SA11AI.4200

Amount of Each Receipt this Period 202.50

C. Joseph Palmiotto
Full Name (Last, First, Middle Initial)

Mailing Address 2041 5th Ave

City Toms River State NJ Zip Code 08757

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

Name of Employer Liberty Lawn Service, LLC Occupation Landscaper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

Date of Receipt 06 / 17 / 2012
Transaction ID : SA11AI.4462

Amount of Each Receipt this Period 398.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1002.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
	<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 Unleashed

Full Name (Last, First, Middle Initial)
A. John Raube

Mailing Address 35 Yale Ave

City Gloucester City State NJ Zip Code 08030

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

Name of Employer NJ Dept Of Corrections Occupation Corrections Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4480

Amount of Each Receipt this Period
231.00

Full Name (Last, First, Middle Initial)
B. Eric Register

Mailing Address PO Box 22431

City Orlando State FL Zip Code 32830

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.4366

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
C. Aaron Schrems

Mailing Address 2077 N Hoyne Apt 3

City Chicago State IL Zip Code 60647

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

Name of Employer Private Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.4272

Amount of Each Receipt this Period
231.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 637.00

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 15 OF 25
	<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 Unleashed

Full Name (Last, First, Middle Initial)
A. Shannon Skeens

Mailing Address 2892 Mount Olivet Rd

City Pulaski State VA Zip Code 24301

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

Name of Employer DSS Power Solutions Occupation Field Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2012
Transaction ID : SA11AI.4248

Amount of Each Receipt this Period
202.50

Full Name (Last, First, Middle Initial)
B. Jenny Thomson

Mailing Address 1231 Berkshire Dr.

City Williamston State MI Zip Code 48895

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

Name of Employer Self Occupation Stay At Home Mom

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
597.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.4191

Amount of Each Receipt this Period
597.00

Full Name (Last, First, Middle Initial)
C. Daniel Tucker

Mailing Address 11433 69th Ave

City Seminole State FL Zip Code 33772

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

Name of Employer Cara Resources Occupation Sr Principle Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2012
Transaction ID : SA11AI.4222

Amount of Each Receipt this Period
401.50

SUBTOTAL of Receipts This Page (optional).....▶	1201.00
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 16 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Liberty Unleashed

Full Name (Last, First, Middle Initial) A. sean turner		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.4446
Mailing Address 5965 Shallow Creek		Amount of Each Receipt this Period 231.00
City Milford	State OH	Zip Code 45150
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Network Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

Full Name (Last, First, Middle Initial) B. darren wigfield		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.4428
Mailing Address 5758 sweet bay ct		Amount of Each Receipt this Period 302.75
City frederick	State MD	Zip Code 21703
FEC ID number of contributing federal political committee. C		
Name of Employer NSS Plus	Occupation Information Assurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.75	

Full Name (Last, First, Middle Initial) C. Destoni Wilson		Date of Receipt MM / DD / YYYY 06 / 23 / 2012 Transaction ID : SA11AI.4322
Mailing Address 54389 Seagull Drive		Amount of Each Receipt this Period 252.00
City Callahan	State FL	Zip Code 32011
FEC ID number of contributing federal political committee. C		
Name of Employer Prime Flight Avation Services	Occupation Control Room Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional).....▶	785.75
TOTAL This Period (last page this line number only).....▶	9970.60

**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 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Liberty Unleashed

A. Grassroots For Liberty
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 SPEAR ST STE 1100
 City SAN FRANCISCO State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C** C00515098
 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
 06 / 06 / 2012
Transaction ID : SA11C.4511
 Amount of Each Receipt this Period
 500.00

B. Grassroots For Liberty
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 SPEAR ST STE 1100
 City SAN FRANCISCO State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C** C00515098
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2198.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : SA11C.4512
 Amount of Each Receipt this Period
 1698.08

C.
 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 ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	2198.08
TOTAL This Period (last page this line number only).....▶	2198.08

**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 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Liberty Unleashed

A. Jae Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 26071 Talega Ave
 City Laguna Hills State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 StrikePoint Trading, LLC. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50.00

Date of Receipt
 06 / 01 / 2012
Transaction ID : SA13.4542
 Amount of Each Receipt this Period
 50.00
 Seed Money

B. Jae Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 26071 Talega Ave
 City Laguna Hills State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 StrikePoint Trading, LLC. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 06 / 15 / 2012
Transaction ID : SA13.4532
 Amount of Each Receipt this Period
 100.00
 Bank Account #1 Seed Cash

C. Jae Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 26071 Talega Ave
 City Laguna Hills State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 StrikePoint Trading, LLC. Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 15 / 2012
Transaction ID : SA13.4533
 Amount of Each Receipt this Period
 100.00
 Bank Acct #2 Seed Cash

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	250.00

**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 Unleashed

Full Name (Last, First, Middle Initial)

A. Authorize.Net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Clearing Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2012

Transaction ID : **SB29.4521**

Amount of Each Disbursement this Period

29.93

Full Name (Last, First, Middle Initial)

B. Authorize.Net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Clearing Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : **SB29.4520**

Amount of Each Disbursement this Period

37.44

Full Name (Last, First, Middle Initial)

C. Authorize.Net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Clearing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2012

Transaction ID : **SB29.4523**

Amount of Each Disbursement this Period

16.31

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

83.68

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Liberty Unleashed

Full Name (Last, First, Middle Initial)

A. Authorize.Net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Clearing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : SB29.4524

Amount of Each Disbursement this Period

26.52

Full Name (Last, First, Middle Initial)

B. Authorize.Net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Clearing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2012

Transaction ID : SB29.4525

Amount of Each Disbursement this Period

23.16

Full Name (Last, First, Middle Initial)

C. Authorize.Net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Clearing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : SB29.4528

Amount of Each Disbursement this Period

1.10

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

50.78

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 Unleashed

Full Name (Last, First, Middle Initial)

A. Authorize.Net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Clearing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : SB29.4526

Amount of Each Disbursement this Period

19.45

Full Name (Last, First, Middle Initial)

B. Authorize.Net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Clearing Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2012

Transaction ID : SB29.4529

Amount of Each Disbursement this Period

16.16

Full Name (Last, First, Middle Initial)

C. Authorize.Net

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Clearing Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2012

Transaction ID : SB29.4530

Amount of Each Disbursement this Period

31.56

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

67.17

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 Unleashed

Full Name (Last, First, Middle Initial)

A. Florida State Fair Authority

Mailing Address PO Box 11766

City Tampa State FL Zip Code 33680

Purpose of Disbursement
Deposit

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : SB29.4110

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kurt Graves

Mailing Address 3118 Wilshire Blvd

City Santa Monica State CA Zip Code 90403

Purpose of Disbursement
Legal

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2012

Transaction ID : SB29.4534

Amount of Each Disbursement this Period

484.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1484.50

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

1686.13

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Liberty Unleashed** Transaction ID : SC/10.4542

LOAN SOURCE Full Name (Last, First, Middle Initial) Jae Kim	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 26071 Talega Ave	
City Laguna Hills State CA ZIP Code 92653	

Original Amount of Loan 50.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50.00
----------------------------------	------------------------------------	--

TERMS

Date Incurred: MM/DD/YYYY (06/01/2012) Date Due: MM/DD/YYYY (12/31/2012) Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 50.00
TOTALS This Period (last page in this line only)..... ▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Liberty Unleashed** Transaction ID : SC/10.4532

LOAN SOURCE Full Name (Last, First, Middle Initial) Jae Kim	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 26071 Talega Ave	
City Laguna Hills State CA ZIP Code 92653	

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred MM / DD / YYYY 06 / 15 / 2012	Date Due MM / DD / YYYY 12/31/2012	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 100.00
TOTALS This Period (last page in this line only).....▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Liberty Unleashed** Transaction ID : **SC/10.4533**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jae Kim	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 26071 Talega Ave	
City Laguna Hills State CA ZIP Code 92653	

Original Amount of Loan <input type="text" value="100.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="100.00"/>
--	---	--

TERMS

Date Incurred MM / DD / YYYY 06 / 15 / 2012	Date Due MM / DD / YYYY 12/31/2012	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="100.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text" value="250.00"/>

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