

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation FREEDOM PATH		3. FEC Identification Number C C90012832
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2150 SOUTH 1300 EAST SUITE 500		
(c) City, State and ZIP Code SALT LAKE CITY UT 84106		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

03 / 08 / 2012

THROUGH

03 / 08 / 2012

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES 33122.97

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Valerie Phillips	<i>Valerie Phillips</i>	03/10/2012

[Electronically Filed]

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
FREEDOM PATH

Full Name (Last, First, Middle Initial) of Payee
Majority Strategies

Mailing Address 135 Professional Drive
Suite 104

City State Zip Code
Ponte Vedra FL 32082

Date
MM / DD / YYYY
03 / 08 / 2012

Amount
33122.97

Transaction ID : F57.000001

Purpose of Expenditure
Mailing - "Quiz"

Category/Type 004

Name of Federal Candidate Supported or Opposed by Expenditure:
Dan Liljenquist

Office Sought: House State: UT
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 234432.97

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date
MM / DD / YYYY

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date
MM / DD / YYYY

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

(b) **SUBTOTAL** of Unitemized Independent Expenditures..... ▶

(c) **TOTAL** Independent Expenditures ▶
(carry total from last page forward to Line 7)

33122.97

33122.97