

# 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 ACTION GROUP**

ADDRESS (number and street) 600 CONGRESS AVENUE  
 Check if different than previously reported. (ACC) AUSTIN TX 78701

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00603563 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 M M / D D / Y Y Y Y Y Y in the State of    
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2016

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 M M / D D / Y Y Y Y Y Y 09 / 13 / 2016

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)

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="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="85410.20"/>	<input type="text" value="85410.20"/>
(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="85410.20"/>	<input type="text" value="85410.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77345.48"/>	<input type="text" value="77345.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8064.72"/>	<input type="text" value="8064.72"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	15464.77	15464.77
(ii) Unitemized .....	69945.43	69945.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	85410.20	85410.20
(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) .....	85410.20	85410.20
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))..... ▶	85410.20	85410.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	85410.20	85410.20

**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 .....	77345.48	77345.48
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)) ..	77345.48	77345.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77345.48	77345.48

**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) .....	85410.20	85410.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	85410.20	85410.20
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: (check only one)	PAGE 6 OF 46
	<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. Moss Alvin**

Mailing Address 129 Private Road 1608

City Clifton State TX Zip Code 76634

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  
 03 / 29 / 2016  
**Transaction ID : SA11AI.19297**

Amount of Each Receipt this Period  
 200.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Bodie Amy**

Mailing Address 2014 Island Manor Ln

City League City State TX Zip Code 77573

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  
 03 / 28 / 2016  
**Transaction ID : SA11AI.19324**

Amount of Each Receipt this Period  
 125.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Parkinson Ann**

Mailing Address 102 Wren Way

City Greenville State SC Zip Code 29605

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 / D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : SA11AI.19658**

Amount of Each Receipt this Period  
 105.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.00
<b>TOTAL</b> 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 46
	(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) <b>A. Roberts Bart</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 21 / 2016 <b>Transaction ID : SA11AI.19799</b>
Mailing Address 28291 s mote ln			Amount of Each Receipt this Period 50.00
City colton	State OR	Zip Code 97017	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.90		

Full Name (Last, First, Middle Initial) <b>B. Fila Bruce</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 14 / 2016 <b>Transaction ID : SA11AI.19058</b>
Mailing Address 3603 SW 117th Ave			Amount of Each Receipt this Period 200.00
City Fort Lauderdale	State FL	Zip Code 33330	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Nutter Carrie</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2016 <b>Transaction ID : SA11AI.19376</b>
Mailing Address PO BOX 19613			Amount of Each Receipt this Period 60.00
City COLORADO CITY	State CO	Zip Code 81019	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
<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. Gibson Chris**

Mailing Address **PO Box 402**

City **Bagdad** State **AZ** Zip Code **86321**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
**03 / 30 / 2016**

**Transaction ID : SA11AI.19428**

Amount of Each Receipt this Period  
**110.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Jacobson Cyndi**

Mailing Address **26226 Stockdick School Rd**

City **Katy** State **TX** Zip Code **77493**

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  
**03 / 25 / 2016**

**Transaction ID : SA11AI.19318**

Amount of Each Receipt this Period  
**200.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. PREECE DALE**

Mailing Address **3872 S Spinnaker Bay Dr**

City **Saratoga Springs** State **AL** Zip Code **84045**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
**03 / 29 / 2016**

**Transaction ID : SA11AI.19399**

Amount of Each Receipt this Period  
**110.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>420.00</b>
<b>TOTAL</b> 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 46  
(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. Kerasotes Denis**

Mailing Address 31 Fairview Ln

City Springfield State IL Zip Code 62711

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: 03 / 28 / 2016  
**Transaction ID : SA11AI.5887**

Amount of Each Receipt this Period: 275.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Kerasotes Denis**

Mailing Address 31 Fairview Ln

City Springfield State IL Zip Code 62711

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: 03 / 28 / 2016  
**Transaction ID : SA11AI.19181**

Amount of Each Receipt this Period: 275.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Kerasotes Denis**

Mailing Address 31 Fairview Ln

City Springfield State IL Zip Code 62711

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: 03 / 30 / 2016  
**Transaction ID : SA11AI.5888**

Amount of Each Receipt this Period: 250.00

Memo Item

**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: (check only one)	PAGE 10 OF 46
	<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) <b>A. Kerasotes Denis</b>		Date of Receipt
Mailing Address 31 Fairview Ln		M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2016
City	State	Zip Code
Springfield	IL	62711
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	
	<input type="checkbox"/> Memo Item	
Transaction ID : SA11AI.19182		

Full Name (Last, First, Middle Initial) <b>B. Bryant Flora</b>		Date of Receipt
Mailing Address 1061 Lake Shore Dr		M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2016
City	State	Zip Code
Cropwell	AL	35054
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	110.00	
	<input type="checkbox"/> Memo Item	
Transaction ID : SA11AI.19069		

Full Name (Last, First, Middle Initial) <b>C. Nelson George E.</b>		Date of Receipt
Mailing Address PO Box 8		M M M / D D D / Y Y Y Y Y Y 03 / 28 / 2016
City	State	Zip Code
Rising Fawn	GA	30738
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	110.00	
	<input type="checkbox"/> Memo Item	
Transaction ID : SA11AI.19039		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.00
<b>TOTAL</b> 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 46  
(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. Brooks Glenn**

Mailing Address 2 Bellewood Dr

City 38701 State MS Zip Code 38701

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11AI.19091**

Amount of Each Receipt this Period  
110.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Kaiser Gloria**

Mailing Address 1931 Oxford Rd

City Grosse Pointe State MI Zip Code 48236

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11AI.19118**

Amount of Each Receipt this Period  
120.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Lee Greg**

Mailing Address 26103 lake wohlford rd

City Valley center State CA Zip Code 92082

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  
 03 / 24 / 2016

**Transaction ID : SA11AI.5363**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 730.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 46  
(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. Lee Greg**

Mailing Address 26103 lake wohlford rd

City State Zip Code  
Valley center CA 92082

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  
03 / 24 / 2016  
**Transaction ID : SA11AI.19870**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Iarose Henry**

Mailing Address 944 poplar Blvd

City State Zip Code  
jackson MS 39202

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.90

Date of Receipt  
02 / 16 / 2016  
**Transaction ID : SA11AI.19516**

Amount of Each Receipt this Period  
102.95

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Stephenson H Julia**

Mailing Address 2225 Verona Mudlick Rd

City State Zip Code  
Verona KY 41092

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
03 / 11 / 2016  
**Transaction ID : SA11AI.19684**

Amount of Each Receipt this Period  
160.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 762.95

**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 46  
(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. Jones Jessie**

Mailing Address 16600 Foster Rd

City State Zip Code  
Brookings OR 97415

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  
 03 / 16 / 2016  
**Transaction ID : SA11AI.19475**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address PO Box 187

City State Zip Code  
Keene CA 93531

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  
 03 / 30 / 2016  
**Transaction ID : SA11AI.19454**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Ross Johnny**

Mailing Address 4365 Running Brook Rd

City State Zip Code  
Darlington SC 29540

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016  
**Transaction ID : SA11AI.4772**

Amount of Each Receipt this Period  
202.96

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 602.96

**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 46  
(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. Ross Johnny**

Mailing Address 4365 Running Brook Rd

City Darlington State SC Zip Code 29540

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.92

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016  
**Transaction ID : SA11AI.19507**

Amount of Each Receipt this Period  
 202.96

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Gainey Judy**

Mailing Address 341 Clyde Rd

City Hartsville State SC Zip Code 29550

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2016  
**Transaction ID : SA11AI.19034**

Amount of Each Receipt this Period  
 110.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Silveira Juvenal**

Mailing Address 1464 Franklin St

City Santa Clara State CA Zip Code 95050

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  
 03 / 14 / 2016  
**Transaction ID : SA11AI.6410**

Amount of Each Receipt this Period  
 225.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 537.96

**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 46  
(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. Silveira Juvenal**

Mailing Address 1464 Franklin St

City Santa Clara	State CA	Zip Code 95050
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016  
**Transaction ID : SA11AI.19457**

Amount of Each Receipt this Period  
 225.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Smith kathleen**

Mailing Address 54550 mayes dr

City norman	State OK	Zip Code 73072
----------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016  
**Transaction ID : SA11AI.19528**

Amount of Each Receipt this Period  
 102.95

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Foth Kay**

Mailing Address 10222 Windsor Way

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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  
 03 / 26 / 2016  
**Transaction ID : SA11AI.5740**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	577.95
<b>TOTAL</b> 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 46  
(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. Foth Kay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10222 Windsor Way  
 City Powell State OH Zip Code 43065  
 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  
 03 / 26 / 2016  
**Transaction ID : SA11AI.19104**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Reeves Kevin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 Saint Williams Loop  
 City Round Rock State TX Zip Code 78681  
 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  
 03 / 15 / 2016  
**Transaction ID : SA11AI.19343**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Kutzleb Kurt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33595 Highway 160 E  
 City Durango State CO Zip Code 81301  
 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  
 03 / 15 / 2016  
**Transaction ID : SA11AI.19379**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 17 OF 46  
(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. Slaughter Larry**

Mailing Address 8400 Andrews Hwy

City Odessa State TX Zip Code 79765

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  
 03 / 30 / 2016  
**Transaction ID : SA11AI.6211**

Amount of Each Receipt this Period  
225.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Slaughter Larry**

Mailing Address 8400 Andrews Hwy

City Odessa State TX Zip Code 79765

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016  
**Transaction ID : SA11AI.19353**

Amount of Each Receipt this Period  
225.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016  
**Transaction ID : SA11AI.6199**

Amount of Each Receipt this Period  
1000.00

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 18 OF 46  
(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. 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 / D D / Y Y Y Y Y Y  
 03 / 29 / 2016  
**Transaction ID : SA11AI.19347**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 145 Bancroft Ave

City Collierville State TN Zip Code 38017

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  
 03 / 24 / 2016  
**Transaction ID : SA11AI.19887**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 2975 Terrace Dr Apt 217

City Las Cruces State NM Zip Code 88011

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016  
**Transaction ID : SA11AI.6362**

Amount of Each Receipt this Period  
260.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1460.00

**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 46  
(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. Caldwell Margaret**

Mailing Address 2975 Terrace Dr Apt 217

City Las Cruces State NM Zip Code 88011

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016  
**Transaction ID : SA11AI.19432**

Amount of Each Receipt this Period  
260.00

Memo Item

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

Mailing Address 2975 Terrace Dr Apt 217

City Las Cruces State NM Zip Code 88011

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.6363**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 2975 Terrace Dr Apt 217

City Las Cruces State NM Zip Code 88011

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
920.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.19433**

Amount of Each Receipt this Period  
200.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 660.00

**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 46  
(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. Valdes Maria**

Mailing Address 3524 NW 12th Ter

City Miami State FL Zip Code 33125

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  
03 / 28 / 2016  
**Transaction ID : SA11AI.19056**

Amount of Each Receipt this Period  
125.00

Memo Item

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

Mailing Address 4021 county road 156

City Alvin State TX Zip Code 77511

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
03 / 14 / 2016  
**Transaction ID : SA11AI.6145**

Amount of Each Receipt this Period  
510.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Aberle Mark**

Mailing Address 4021 county road 156

City Alvin State TX Zip Code 77511

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  
03 / 14 / 2016  
**Transaction ID : SA11AI.19319**

Amount of Each Receipt this Period  
510.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1145.00

**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 46  
(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. Jackson Mary**

Mailing Address PO Box 432

City Cedar Rapids State NE Zip Code 68627

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016  
**Transaction ID : SA11AI.19228**

Amount of Each Receipt this Period  
60.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Corley Mary Elizabeth**

Mailing Address 6276 W Weston Dr

City Crystal River State FL Zip Code 34429

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2016  
**Transaction ID : SA11AI.19728**

Amount of Each Receipt this Period  
110.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. carter maxine**

Mailing Address 100 glenveiw

City napoes State FL Zip Code 31108

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  
 02 / 24 / 2016  
**Transaction ID : SA11AI.19591**

Amount of Each Receipt this Period  
150.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00

**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 46  
(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**

**A. carter maxine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 glenveiw

City napoes	State FL	Zip Code 31108
----------------	-------------	-------------------

Date of Receipt: 02 / 25 / 2016  
**Transaction ID : SA11AI.4880**

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

Amount of Each Receipt this Period: 250.00

Memo Item

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 550.00

**B. carter maxine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 glenveiw

City napoes	State FL	Zip Code 31108
----------------	-------------	-------------------

Date of Receipt: 02 / 25 / 2016  
**Transaction ID : SA11AI.19614**

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

Amount of Each Receipt this Period: 250.00

Memo Item

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 800.00

**C. Mcerlane Mike**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3555 Avinida Verano

City Thousand Oaks	State CA	Zip Code 91360
-----------------------	-------------	-------------------

Date of Receipt: 03 / 30 / 2016  
**Transaction ID : SA11AI.6383**

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

Amount of Each Receipt this Period: 210.00

Memo Item

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 210.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 710.00

**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 46
	(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**

**A. Mcerlane Mike**  
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Avinida Verano

City State Zip Code  
Thousand Oaks CA 91360

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016  
**Transaction ID : SA11AI.19443**

Amount of Each Receipt this Period  
210.00

Memo Item

**B. Dillard Pat**  
Full Name (Last, First, Middle Initial)

Mailing Address 2512 Cambridge Ave

City State Zip Code  
Alamogordo NM 88310

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 15 / 2016  
**Transaction ID : SA11AI.19434**

Amount of Each Receipt this Period  
110.00

Memo Item

**C. Schultz Philip**  
Full Name (Last, First, Middle Initial)

Mailing Address 6960 E Calle Cerca

City State Zip Code  
Tucson AZ 85715

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2016  
**Transaction ID : SA11AI.19831**

Amount of Each Receipt this Period  
110.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.00
<b>TOTAL</b> 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 24 OF 46
	<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**

**A. Haas Richard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Duncan Street

City Lancaster	State PA	Zip Code 17602
-------------------	-------------	-------------------

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
03	/	23	/	2016

**Transaction ID : SA11AI.19860**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Haas Richard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Duncan Street

City Lancaster	State PA	Zip Code 17602
-------------------	-------------	-------------------

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

**Transaction ID : SA11AI.5555**

Amount of Each Receipt this Period  
225.00

Memo Item

**C. Haas Richard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Duncan Street

City Lancaster	State PA	Zip Code 17602
-------------------	-------------	-------------------

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

**Transaction ID : SA11AI.19008**

Amount of Each Receipt this Period  
225.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 46  
(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. grove robert**

Mailing Address 3445 south main st

City State Zip Code  
campton IL 61520

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016  
**Transaction ID : SA11AI.19533**

Amount of Each Receipt this Period  
 102.95

Memo Item

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

Mailing Address 105 Horatio St

City State Zip Code  
Punxsutawney PA 15767

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : SA11AI.19682**

Amount of Each Receipt this Period  
 110.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Hicks Romaine**

Mailing Address PO Box 4337

City State Zip Code  
East Lansing MI 48826

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  
 03 / 29 / 2016  
**Transaction ID : SA11AI.5770**

Amount of Each Receipt this Period  
 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 512.95

**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 46  
(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. Hicks Romayne**

Mailing Address PO Box 4337

City East Lansing State MI Zip Code 48826

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  
03 / 29 / 2016  
**Transaction ID : SA11AI.19121**

Amount of Each Receipt this Period  
300.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Plants Sarah A**

Mailing Address 301 Elk Park Rd

City Columbia Falls State MT Zip Code 59912

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  
03 / 18 / 2016  
**Transaction ID : SA11AI.5175**

Amount of Each Receipt this Period  
210.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Plants Sarah A**

Mailing Address 301 Elk Park Rd

City Columbia Falls State MT Zip Code 59912

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
03 / 18 / 2016  
**Transaction ID : SA11AI.19775**

Amount of Each Receipt this Period  
210.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 720.00

**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 46  
(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. Whitfield Sue**

Mailing Address 4265 San Felipe St Ste 603

City State Zip Code  
Houston TX 77027

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  
 03 / 29 / 2016  
**Transaction ID : SA11AI.19301**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Nichols Susan**

Mailing Address 13149 Greengage Ln

City State Zip Code  
Tampa FL 33612

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  
 03 / 15 / 2016  
**Transaction ID : SA11AI.19059**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Nichols Susan**

Mailing Address 13149 Greengage Ln

City State Zip Code  
Tampa FL 33612

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016  
**Transaction ID : SA11AI.5655**

Amount of Each Receipt this Period  
110.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.00

**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 46  
(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. Nichols Susan**

Mailing Address 13149 Greengage Ln

City Tampa State FL Zip Code 33612

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
620.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016  
**Transaction ID : SA11AI.19060**

Amount of Each Receipt this Period  
110.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Smith Todd**

Mailing Address 3719 falkirk way

City El dorado hills State CA Zip Code 95762

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016  
**Transaction ID : SA11AI.19465**

Amount of Each Receipt this Period  
110.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Marks Tracey**

Mailing Address 1730 Satterfield Dr

City Pocatello State ID Zip Code 83201

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  
 03 / 31 / 2016  
**Transaction ID : SA11AI.19381**

Amount of Each Receipt this Period  
125.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 345.00

**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 46  
(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. Schmidt Uwe**

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 ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016  
**Transaction ID : SA11AI.5922**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Schmidt Uwe**

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 ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016  
**Transaction ID : SA11AI.19200**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Longley Wayne**

Mailing Address 486 Lark St

City Nazareth State PA Zip Code 18064

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016  
**Transaction ID : SA11AI.19009**

Amount of Each Receipt this Period  
110.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15464.77

**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

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. Access Accounting Services**

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 : SB29.6529**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Access Accounting Services**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Accounting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18950**

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  
Banking Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18966**

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6554**

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  
Banking Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18965**

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 : SB29.6552**

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  
Banking Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18963**

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6553**

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  
Banking Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18964**

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6556**

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6557**

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  
Banking Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18967**

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

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. EMS**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Banking Charges

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.18968**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Feed Network**

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 : SB29.6543**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Feed Network**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Fund Raising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.18958**

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. Feed Network**

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 : SB29.6536**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Feed Network**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Fund Raising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18954**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Feed Network**

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 : SB29.6509**

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. Feed Network**

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 : SB29.6510**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Feed Network**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Fund Raising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB29.18936**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Feed Network**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Fund Raising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB29.18937**

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 Corp**

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 : SB29.6527**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Infocision Management Corp**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB29.18949**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Josiah Cammer**

Mailing Address 2103 Nueces Street

City State Zip Code  
Austin TX 78705

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 : SB29.6506**

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. Josiah Cammer**

Mailing Address 2103 Nueces Street

City Austin State TX Zip Code 78705

Purpose of Disbursement  
Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18934**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Josiah Cammer**

Mailing Address 2103 Nueces Street

City Austin State TX Zip Code 78705

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 : SB29.6507**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Josiah Cammer**

Mailing Address 2103 Nueces Street

City Austin State TX Zip Code 78705

Purpose of Disbursement  
Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18935**

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. Matte Media Creations INC**

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 : SB29.6523**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Matte Media Creations INC**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB29.18947**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Modern Media Group LLC**

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 : SB29.6525**

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. Modern Media Group LLC**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18948**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Salt Payments Inc**

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 : SB29.6521**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Salt Payments Inc**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Banking Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18946**

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. Smart Call 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 : SB29.6560**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Smart Call 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 : SB29.6517**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Smart Call Media**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB29.18943**

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. Smart Call 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 : SB29.6515**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Smart Call 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 : SB29.6516**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Smart Call Media**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB29.18941**

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. Smart Call Media**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18942**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Smart Call 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 : SB29.6514**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Smart Call Media**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18940**

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. Smart Call 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 : SB29.6518**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Smart Call 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 : SB29.6519**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Smart Call Media**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18944**

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. Smart Call Media**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18945**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Smart Call 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 : SB29.6513**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Smart Call Media**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18939**

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. Smart Call 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

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SB29.6512**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Smart Call Media**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SB29.18938**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. UP Work**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Website

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2016

**Transaction ID : SB29.18951**

Amount of Each Disbursement this Period

175.00

Memo Item

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

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

2175.00

76313.80