



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Liberty for All Action Fund**

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="2013"/>		<input type="text" value="143204.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="143204.06"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="133196.52"/>	<input type="text" value="133196.52"/>
(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="276400.58"/>	<input type="text" value="276400.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="243735.99"/>	<input type="text" value="243735.99"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32664.59"/>	<input type="text" value="32664.59"/>
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="3397.06"/>	

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)

Write or Type Committee Name

**Liberty for All Action Fund**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

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).....	0.00	0.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received .....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....	133196.52	133196.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5) .....		
(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))..... ▶	133196.52	133196.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	133196.52	133196.52

**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 .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	243735.99	243735.99
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(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)) ..	243735.99	243735.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	243735.99	243735.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
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 83
<input 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 checked="" 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 for All Action Fund**

**A. MR. GUY M. BOWERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 8090

City RUIDOSO	State NM	Zip Code 88355-8090
-----------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2013

**Transaction ID : SA11.228**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

NON-CONTRIBUTION ACCOUNT

**B. JORDAN BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 260 DAME HILL RD

City ORFORD	State NH	Zip Code 03777
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2013

**Transaction ID : SA15.002**

Amount of Each Receipt this Period  
2625.00

RETURN OF EXCESS COMPENSATION

NON-CONTRIBUTION ACCOUNT

**C. JORDAN BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 260 DAME HILL RD

City ORFORD	State NH	Zip Code 03777
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2013

**Transaction ID : SA15.003**

Amount of Each Receipt this Period  
2625.00

RETURN OF EXCESS COMPENSATION

NON-CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6250.00
<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 83  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)  
**A. JOHN FEHSENFELD**  
 Mailing Address P.O. BOX 35200  
 City State Zip Code  
 LAS VEGAS NV 89133-5200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 16 / 2013  
**Transaction ID : SA11.213**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JOHN FEHSENFELD**  
 Mailing Address P.O. BOX 35200  
 City State Zip Code  
 LAS VEGAS NV 89133-5200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2013  
**Transaction ID : SA11.218**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JOHN FEHSENFELD**  
 Mailing Address P.O. BOX 35200  
 City State Zip Code  
 LAS VEGAS NV 89133-5200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2013  
**Transaction ID : SA11.223**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 NON-CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 9 OF 83
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial) <b>A. ROBERT JONES</b>		Date of Receipt MM / DD / YYYY 01 / 16 / 2013 <b>Transaction ID : SA11.216</b>
Mailing Address 1300 JERONIMO DRIVE		Amount of Each Receipt this Period 100.00
City NAPLES	State FL	Zip Code 34103-3257
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF	Occupation ENTREPRENEUR	NON-CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT JONES</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2013 <b>Transaction ID : SA11.221</b>
Mailing Address 1300 JERONIMO DRIVE		Amount of Each Receipt this Period 100.00
City NAPLES	State FL	Zip Code 34103-3257
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF	Occupation ENTREPRENEUR	NON-CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT JONES</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2013 <b>Transaction ID : SA11.226</b>
Mailing Address 1300 JERONIMO DRIVE		Amount of Each Receipt this Period 100.00
City NAPLES	State FL	Zip Code 34103-3257
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF	Occupation ENTREPRENEUR	NON-CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 10 OF 83
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial) <b>A. ROBERT JONES</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2013 <b>Transaction ID : SA11.232</b>
Mailing Address 1300 JERONIMO DRIVE		Amount of Each Receipt this Period 100.00
City NAPLES	State FL	Zip Code 34103-3257
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF	Occupation ENTREPRENEUR	NON-CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT JONES</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2013 <b>Transaction ID : SA11.236</b>
Mailing Address 1300 JERONIMO DRIVE		Amount of Each Receipt this Period 100.00
City NAPLES	State FL	Zip Code 34103-3257
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF	Occupation ENTREPRENEUR	NON-CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT JONES</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2013 <b>Transaction ID : SA11.239</b>
Mailing Address 1300 JERONIMO DRIVE		Amount of Each Receipt this Period 100.00
City NAPLES	State FL	Zip Code 34103-3257
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF	Occupation ENTREPRENEUR	NON-CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 11 OF 83
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

**A. MR. RICHARD LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2113

City ORLANDO State FL Zip Code 32802-2113

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

Name of Employer **FAMLEE INVESTMENT CO.** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2013  
**Transaction ID : SA11.247**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

NON-CONTRIBUTION ACCOUNT

**B. MR JOHN RAMSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 RAINEY ST #535

City AUSTIN State TX Zip Code 78701-4387

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

Name of Employer **SELF-EMPLOYED** Occupation **STUDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3246274.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2013  
**Transaction ID : SA11.227**

Amount of Each Receipt this Period  
 37000.00

CONTRIBUTION

NON-CONTRIBUTION ACCOUNT

**C. MR JOHN RAMSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 RAINEY ST #535

City AUSTIN State TX Zip Code 78701-4387

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

Name of Employer **SELF-EMPLOYED** Occupation **STUDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3246274.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : SA11.243**

Amount of Each Receipt this Period  
 26286.81

CONTRIBUTION

NON-CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	73286.81
<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 12 OF 83
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial) <b>A. MR JOHN RAMSEY</b>		Date of Receipt
Mailing Address 54 RAINEY ST #535		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
AUSTIN	TX	78701-4387
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.244</b>
SELF-EMPLOYED	STUDENT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3246274.17"/>	<input type="text" value="2500.00"/>
		CONTRIBUTION
		NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. MR JOHN RAMSEY</b>		Date of Receipt
Mailing Address 54 RAINEY ST #535		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
AUSTIN	TX	78701-4387
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.245</b>
SELF-EMPLOYED	STUDENT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3246274.17"/>	<input type="text" value="10000.00"/>
		CONTRIBUTION
		NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MR JOHN RAMSEY</b>		Date of Receipt
Mailing Address 54 RAINEY ST #535		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
AUSTIN	TX	78701-4387
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11.246</b>
SELF-EMPLOYED	STUDENT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3246274.17"/>	<input type="text" value="15000.00"/>
		CONTRIBUTION
		NON-CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="27500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 83
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

**A. MR. CHRIS J. RUFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address THE MORNING STAR COMPANY  
 724 MAIN STREET  
 City WOODLAND State CA Zip Code 95695-3491  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE MORNING STAR COMPANY Occupation AGRIBUSINESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11.229**  
 Amount of Each Receipt this Period  
 25000.00  
 CONTRIBUTION  
 NON-CONTRIBUTION ACCOUNT

**B. ELAVON MERCHANT SERVICES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 CONCOURSE PKWY  
 STE 800  
 City ATLANTA State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : SA15.004**  
 Amount of Each Receipt this Period  
 209.70  
 REFUND  
 NON-CONTRIBUTION ACCOUNT

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25209.70
<b>TOTAL</b> This Period (last page this line number only).....▶	132996.51

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Caitlyn Bates**

Mailing Address 1009 W 25th St Apt B

City Austin State TX Zip Code 78705

Purpose of Disbursement  
Administrative consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.102**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Caitlyn Bates**

Mailing Address 1009 W 25th St Apt B

City Austin State TX Zip Code 78705

Purpose of Disbursement  
Administrative consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.103**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Caitlyn Bates**

Mailing Address 1009 W 25th St Apt B

City Austin State TX Zip Code 78705

Purpose of Disbursement  
Administrative consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.104**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Caitlyn Bates**

Mailing Address 1009 W 25th St Apt B

City Austin State TX Zip Code 78705

Purpose of Disbursement  
Administrative consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.105**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Caitlyn Bates**

Mailing Address 1009 W 25th St Apt B

City Austin State TX Zip Code 78705

Purpose of Disbursement  
Administrative consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.106**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.107**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.108**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.109**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.110**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.111**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.112**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.113**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Reimbursement (See Below)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 16 / 2013

Transaction ID : **SB.114**

Amount of Each Disbursement this Period

3750.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Campaigns & Elections**

Mailing Address 2425 Wilson Blvd  
Ste 500

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
Conference Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2013

Transaction ID : **SB.114B**

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**  
Bates, 4/16 (NCA)

Full Name (Last, First, Middle Initial)

**C. Hampton Inns**

Mailing Address 7930 Jones Branch Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Travel - Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013

Transaction ID : **SB.114A**

Amount of Each Disbursement this Period

799.22

**[MEMO ITEM]**  
Bates, 4/16 (NCA)

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

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

3750.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. USAirways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel - Airfare

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  
04 / 18 / 2013

**Transaction ID : SB.114C**

Amount of Each Disbursement this Period

1703.60

**[MEMO ITEM]**  
Bates, 4/16 (NCA)

Full Name (Last, First, Middle Initial)

**B. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

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  
05 / 17 / 2013

**Transaction ID : SB.115**

Amount of Each Disbursement this Period

3000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

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  
06 / 03 / 2013

**Transaction ID : SB.116**

Amount of Each Disbursement this Period

3750.00

Non-Contribution Account

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

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

6750.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.117**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Preston Bates**

Mailing Address 54 Rainey St Apt 802

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.118**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Howard Becker**

Mailing Address 1413 Route 9

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.145**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Howard Becker**

Mailing Address 1413 Route 9

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement  
Fundraising Consulting; Consultant Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 29 / 2013

**Transaction ID : SB.146**

Amount of Each Disbursement this Period

5741.51

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Howard Becker**

Mailing Address 1413 Route 9

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
03 / 01 / 2013

**Transaction ID : SB.147**

Amount of Each Disbursement this Period

5233.86

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Howard Becker**

Mailing Address 1413 Route 9

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement  
Fundraising Consulting; Consultant Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
03 / 28 / 2013

**Transaction ID : SB.148**

Amount of Each Disbursement this Period

2907.03

Non-Contribution Account

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

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

13882.40

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Jordan Brown**

Mailing Address 260 Dame Hill Rd

City Orford State NH Zip Code 03777

Purpose of Disbursement  
Reimbursement (See Below)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.119**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'Enfant Plz SW

City Washington State DC Zip Code 20260

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.119A**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Brown, 3/19 (NCA)

Full Name (Last, First, Middle Initial)

**C. Jordan Brown**

Mailing Address 260 Dame Hill Rd

City Orford State NH Zip Code 03777

Purpose of Disbursement  
Campaign Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.120**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Jordan Brown**

Mailing Address 260 Dame Hill Rd

City Orford State NH Zip Code 03777

Purpose of Disbursement  
Campaign Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.124**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Jordan Brown**

Mailing Address 260 Dame Hill Rd

City Orford State NH Zip Code 03777

Purpose of Disbursement  
Campaign Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.125**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Jordan Brown**

Mailing Address 260 Dame Hill Rd

City Orford State NH Zip Code 03777

Purpose of Disbursement  
Campaign Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.126**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Jordan Brown**

Mailing Address 260 Dame Hill Rd

City Orford State NH Zip Code 03777

Purpose of Disbursement  
Campaign Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.127**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Jordan Brown**

Mailing Address 260 Dame Hill Rd

City Orford State NH Zip Code 03777

Purpose of Disbursement  
Campaign Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.128**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.129**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2013

Transaction ID : SB.130

Amount of Each Disbursement this Period

2625.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2013

Transaction ID : SB.131

Amount of Each Disbursement this Period

2625.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2013

Transaction ID : SB.132

Amount of Each Disbursement this Period

1750.00

Non-Contribution Account

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 18 / 2013

Transaction ID : SB.133

Amount of Each Disbursement this Period

1750.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 01 / 2013

Transaction ID : SB.134

Amount of Each Disbursement this Period

1750.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : SB.135

Amount of Each Disbursement this Period

1750.00

Non-Contribution Account

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

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

5250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

04 / 01 / 2013

**Transaction ID : SB.136**

Amount of Each Disbursement this Period

1750.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

04 / 16 / 2013

**Transaction ID : SB.137**

Amount of Each Disbursement this Period

1750.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

05 / 01 / 2013

**Transaction ID : SB.138**

Amount of Each Disbursement this Period

1750.00

Non-Contribution Account

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

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

5250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.139**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.140**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Jared Chicoine**

Mailing Address 181 Benton Road Unit 18

City North Haverhill State NH Zip Code 03774

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.141**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Chris Kuper**

Mailing Address 5806 Cove Landing Rd Apt 101

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.149**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Chris Kuper**

Mailing Address 5806 Cove Landing Rd Apt 101

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.150**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Doug Lusko**

Mailing Address 1507 Shelburne Ct Apt 102

City State Zip Code  
Louisville KY 40208

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.151**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

### A. Doug Lusko

Mailing Address 1507 Shelburne Ct Apt 102

City State Zip Code  
Louisville KY 40208

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2013

Transaction ID : SB.152

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### B. Doug Lusko

Mailing Address 1507 Shelburne Ct Apt 102

City State Zip Code  
Louisville KY 40208

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

Transaction ID : SB.153

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### C. Doug Lusko

Mailing Address 1507 Shelburne Ct Apt 102

City State Zip Code  
Louisville KY 40208

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2013

Transaction ID : SB.154

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

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

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

1500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

### A. Doug Lusko

Mailing Address 1507 Shelburne Ct Apt 102

City Louisville State KY Zip Code 40208

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2013

Transaction ID : SB.155

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### B. Doug Lusko

Mailing Address 1507 Shelburne Ct Apt 102

City Louisville State KY Zip Code 40208

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2013

Transaction ID : SB.156

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### C. Aaron Nosbisch

Mailing Address 8818 Travis Hills Dr Apt 712

City Austin State TX Zip Code 78735

Purpose of Disbursement  
Reimbursement (See Below)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 01 / 2013

Transaction ID : SB.101

Amount of Each Disbursement this Period

321.60

Non-Contribution Account

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

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

1321.60



**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. U-Haul**

Mailing Address 1325 Airmotive Way  
Ste 100

City Reno State NV Zip Code 89502

Purpose of Disbursement  
Vehicle Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2012

**Transaction ID : SB.101A**

Amount of Each Disbursement this Period

321.60

**[MEMO ITEM]**  
Nosbisch, 1/1 (NCA)

Full Name (Last, First, Middle Initial)

**B. Delbert K. Perry**

Mailing Address 2 Timberline Dr

City Alexandria State KY Zip Code 41001

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2013

**Transaction ID : SB.142**

Amount of Each Disbursement this Period

2912.55

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Delbert K. Perry**

Mailing Address 2 Timberline Dr

City Alexandria State KY Zip Code 41001

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 26 / 2013

**Transaction ID : SB.143**

Amount of Each Disbursement this Period

2912.55

Non-Contribution Account

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

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

5825.10

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Delbert K. Perry**

Mailing Address 2 Timberline Dr

City State Zip Code  
Alexandria KY 41001

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 28 / 2013

**Transaction ID : SB.144**

Amount of Each Disbursement this Period

2912.55

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Aaron Price**

Mailing Address 415 Highwood Dr

City State Zip Code  
Louisville KY 40206

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : SB.157**

Amount of Each Disbursement this Period

3750.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Aaron Price**

Mailing Address 415 Highwood Dr

City State Zip Code  
Louisville KY 40206

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 21 / 2013

**Transaction ID : SB.158**

Amount of Each Disbursement this Period

3750.00

Non-Contribution Account

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

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

10412.55

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Aaron Price**

Mailing Address 415 Highwood Dr

City State Zip Code  
Louisville KY 40206

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 01 / 2013

**Transaction ID : SB.159**

Amount of Each Disbursement this Period

3750.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Aaron Price**

Mailing Address 415 Highwood Dr

City State Zip Code  
Louisville KY 40206

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 16 / 2013

**Transaction ID : SB.160**

Amount of Each Disbursement this Period

3750.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Aaron Price**

Mailing Address 415 Highwood Dr

City State Zip Code  
Louisville KY 40206

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 01 / 2013

**Transaction ID : SB.161**

Amount of Each Disbursement this Period

3750.00

Non-Contribution Account

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

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

11250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Aaron Price**

Mailing Address 415 Highwood Dr

City Louisville State KY Zip Code 40206

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.162**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Aaron Price**

Mailing Address 415 Highwood Dr

City Louisville State KY Zip Code 40206

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.163**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Aaron Price**

Mailing Address 415 Highwood Dr

City Louisville State KY Zip Code 40206

Purpose of Disbursement  
Management Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.164**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Kate Schackai**

Mailing Address 810 Mount Moosilauke Hwy

City State Zip Code  
Wentworth NH 03282

Purpose of Disbursement  
Employee Benefits

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 01 / 2013

**Transaction ID : SB.167**

Amount of Each Disbursement this Period

668.10

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Kate Schackai**

Mailing Address 810 Mount Moosilauke Hwy

City State Zip Code  
Wentworth NH 03282

Purpose of Disbursement  
Reimbursement (See Below)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
03 / 04 / 2013

**Transaction ID : SB.168**

Amount of Each Disbursement this Period

37.19

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Kate Schackai**

Mailing Address 810 Mount Moosilauke Hwy

City State Zip Code  
Wentworth NH 03282

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2013

**Transaction ID : SB.169**

Amount of Each Disbursement this Period

2625.00

Non-Contribution Account

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

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

3330.29

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Kate Schackai**

Mailing Address 810 Mount Moosilauke Hwy

City State Zip Code  
Wentworth NH 03282

Purpose of Disbursement  
Employee Benefits

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2013

**Transaction ID : SB.170**

Amount of Each Disbursement this Period

668.10

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Kate Schackai**

Mailing Address 810 Mount Moosilauke Hwy

City State Zip Code  
Wentworth NH 03282

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 16 / 2013

**Transaction ID : SB.171**

Amount of Each Disbursement this Period

2625.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Kate Schackai**

Mailing Address 810 Mount Moosilauke Hwy

City State Zip Code  
Wentworth NH 03282

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 01 / 2013

**Transaction ID : SB.172**

Amount of Each Disbursement this Period

2625.00

Non-Contribution Account

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

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

5918.10

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Kate Schackai**

Mailing Address 810 Mount Moosilauke Hwy

City State Zip Code  
Wentworth NH 03282

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 18 / 2013

**Transaction ID : SB.173**

Amount of Each Disbursement this Period

2625.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Kate Schackai**

Mailing Address 810 Mount Moosilauke Hwy

City State Zip Code  
Wentworth NH 03282

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
03 / 01 / 2013

**Transaction ID : SB.174**

Amount of Each Disbursement this Period

2625.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. 37 Signals**

Mailing Address 30 N Racine Ave #200

City State Zip Code  
Chicago IL 60607

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 22 / 2013

**Transaction ID : SB.175**

Amount of Each Disbursement this Period

50.00

Non-Contribution Account

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

5300.00

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. 37 Signals**

Mailing Address 30 N Racine Ave #200

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 22 / 2013

Transaction ID : SB.176

Amount of Each Disbursement this Period

50.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. 37 Signals**

Mailing Address 30 N Racine Ave #200

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 21 / 2013

Transaction ID : SB.177

Amount of Each Disbursement this Period

50.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. 37 Signals**

Mailing Address 30 N Racine Ave #200

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 22 / 2013

Transaction ID : SB.178

Amount of Each Disbursement this Period

50.00

Non-Contribution Account

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

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

150.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. 37 Signals**

Mailing Address 30 N Racine Ave #200

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 21 / 2013

Transaction ID : SB.179

Amount of Each Disbursement this Period

50.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. 37 Signals**

Mailing Address 30 N Racine Ave #200

City Chicago State IL Zip Code 60607

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 21 / 2013

Transaction ID : SB.180

Amount of Each Disbursement this Period

50.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 11 / 2013

Transaction ID : SB.184

Amount of Each Disbursement this Period

216.80

Non-Contribution Account

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

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

316.80

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bill.com**

Mailing Address 3200 Ash Street

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement  
Bill Payment Service

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  
01 / 23 / 2013

**Transaction ID : SB.188**

Amount of Each Disbursement this Period

40.70

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Bill.com**

Mailing Address 3200 Ash Street

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement  
Payables Service

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  
02 / 25 / 2013

**Transaction ID : SB.189**

Amount of Each Disbursement this Period

34.56

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Bill.com**

Mailing Address 3200 Ash Street

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement  
Payables Service

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  
03 / 25 / 2013

**Transaction ID : SB.190**

Amount of Each Disbursement this Period

41.50

Non-Contribution Account

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

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

116.76

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bill.com**

Mailing Address 3200 Ash Street

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement  
Bill Payment Service

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  
04 / 23 / 2013

**Transaction ID : SB.191**

Amount of Each Disbursement this Period

34.56

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Bill.com**

Mailing Address 3200 Ash Street

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement  
Bill payment service

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  
05 / 23 / 2013

**Transaction ID : SB.192**

Amount of Each Disbursement this Period

32.78

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Bill.com**

Mailing Address 3200 Ash Street

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement  
Accounting Service

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  
06 / 24 / 2013

**Transaction ID : SB.193**

Amount of Each Disbursement this Period

32.78

Non-Contribution Account

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

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

100.12

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Clark Hill PLC**

Mailing Address 601 Pennsylvania Ave NW  
Suite 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 26 / 2013

**Transaction ID : SB.194**

Amount of Each Disbursement this Period

1600.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Clark Hill PLC**

Mailing Address 601 Pennsylvania Ave NW  
Suite 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 11 / 2013

**Transaction ID : SB.195**

Amount of Each Disbursement this Period

1925.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Cmdi**

Mailing Address 7704 Leesburg Pike

City Falls Church State VA Zip Code 22043

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 07 / 2013

**Transaction ID : SB.196**

Amount of Each Disbursement this Period

50.00

Non-Contribution Account

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

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

3575.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Cmdi**

Mailing Address 7704 Leesburg Pike

City Falls Church State VA Zip Code 22043

Purpose of Disbursement  
Database Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 22 / 2013

**Transaction ID : SB.197**

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Cmdi**

Mailing Address 7704 Leesburg Pike

City Falls Church State VA Zip Code 22043

Purpose of Disbursement  
Database Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 20 / 2013

**Transaction ID : SB.198**

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Cmdi**

Mailing Address 7704 Leesburg Pike

City Falls Church State VA Zip Code 22043

Purpose of Disbursement  
Database Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 19 / 2013

**Transaction ID : SB.199**

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Cmdi**

Mailing Address 7704 Leesburg Pike

City Falls Church State VA Zip Code 22043

Purpose of Disbursement  
Database Service

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  
04 / 19 / 2013

**Transaction ID : SB.200**

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Cmdi**

Mailing Address 7704 Leesburg Pike

City Falls Church State VA Zip Code 22043

Purpose of Disbursement  
Database Services

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  
05 / 21 / 2013

**Transaction ID : SB.201**

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Cmdi**

Mailing Address 7704 Leesburg Pike

City Falls Church State VA Zip Code 22043

Purpose of Disbursement  
Database Service

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  
06 / 19 / 2013

**Transaction ID : SB.202**

Amount of Each Disbursement this Period

500.00

Non-Contribution Account

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.204**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.205**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.206**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : SB.207**

Amount of Each Disbursement this Period

10.99

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : SB.208**

Amount of Each Disbursement this Period

10.99

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : SB.209**

Amount of Each Disbursement this Period

10.99

Non-Contribution Account

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

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

32.97



**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.210**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.211**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.212**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : SB.213**

Amount of Each Disbursement this Period

29.99

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : SB.214**

Amount of Each Disbursement this Period

10.99

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : SB.215**

Amount of Each Disbursement this Period

80.91

Non-Contribution Account

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

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

121.89

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Domain.com LLC**

Mailing Address 70 Blanchard Rd Fl 3

City Burlington State MA Zip Code 01803

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.216**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Elavon Merchant Services**

Mailing Address 2 Concourse Pkwy Ste 800

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.217**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Elavon Merchant Services**

Mailing Address 2 Concourse Pkwy Ste 800

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.218**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Elavon Merchant Services**

Mailing Address 2 Concourse Pkwy Ste 800

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : SB.219**

Amount of Each Disbursement this Period

86.95

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Elavon Merchant Services**

Mailing Address 2 Concourse Pkwy Ste 800

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 01 / 2013

**Transaction ID : SB.220**

Amount of Each Disbursement this Period

86.95

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Elavon Merchant Services**

Mailing Address 2 Concourse Pkwy Ste 800

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 01 / 2013

**Transaction ID : SB.221**

Amount of Each Disbursement this Period

56.82

Non-Contribution Account

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

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

230.72

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Elavon Merchant Services**

Mailing Address 2 Concourse Pkwy Ste 800

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.222**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. ElectionCFO, LLC**

Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Compliance Consulting; Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.223**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. ElectionCFO, LLC**

Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.224**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. ElectionCFO, LLC**

Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Compliance Consulting; Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 09 / 2013

**Transaction ID : SB.225**

Amount of Each Disbursement this Period

2004.98

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Envato**

Mailing Address PO Box 21177

City Melbourne, Australia State ZZ Zip Code

Purpose of Disbursement  
Promotional Materials

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 19 / 2013

**Transaction ID : SB.226**

Amount of Each Disbursement this Period

29.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Envato**

Mailing Address PO Box 21177

City Melbourne, Australia State ZZ Zip Code

Purpose of Disbursement  
Promotional Materials

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2013

**Transaction ID : SB.227**

Amount of Each Disbursement this Period

50.00

Non-Contribution Account

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

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

2083.98

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Envato**

Mailing Address PO Box 21177

City Melbourne, Australia State ZZ Zip Code

Purpose of Disbursement  
Promotional Materials

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2013

Transaction ID : SB.228

Amount of Each Disbursement this Period

100.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Envato**

Mailing Address PO Box 21177

City Melbourne, Australia State ZZ Zip Code

Purpose of Disbursement  
Promotional Material

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2013

Transaction ID : SB.229

Amount of Each Disbursement this Period

60.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2013

Transaction ID : SB.230

Amount of Each Disbursement this Period

10.00

Non-Contribution Account

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

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

170.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 19 / 2013

**Transaction ID : SB.231**

Amount of Each Disbursement this Period

266.14

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 19 / 2013

**Transaction ID : SB.232**

Amount of Each Disbursement this Period

292.06

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 19 / 2013

**Transaction ID : SB.233**

Amount of Each Disbursement this Period

283.31

Non-Contribution Account

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

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

841.51



**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

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  
02 / 20 / 2013

**Transaction ID : SB.234**

Amount of Each Disbursement this Period

173.41

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

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  
02 / 21 / 2013

**Transaction ID : SB.235**

Amount of Each Disbursement this Period

91.73

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

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  
02 / 22 / 2013

**Transaction ID : SB.236**

Amount of Each Disbursement this Period

41.11

Non-Contribution Account

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

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

306.25

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

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  
03 / 01 / 2013

**Transaction ID : SB.237**

Amount of Each Disbursement this Period

24.12

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

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  
03 / 08 / 2013

**Transaction ID : SB.238**

Amount of Each Disbursement this Period

10.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

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  
03 / 11 / 2013

**Transaction ID : SB.239**

Amount of Each Disbursement this Period

64.82

Non-Contribution Account

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

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

98.94

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

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  
03 / 11 / 2013

**Transaction ID : SB.240**

Amount of Each Disbursement this Period

98.25

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

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  
03 / 11 / 2013

**Transaction ID : SB.241**

Amount of Each Disbursement this Period

87.25

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

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  
03 / 11 / 2013

**Transaction ID : SB.242**

Amount of Each Disbursement this Period

99.14

Non-Contribution Account

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

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

284.64

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.243**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.244**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.245**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.246**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Advertising - Online

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.247**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Fairfield Inn**

Mailing Address 10400 Fernwood Rd

City Bethesda State MD Zip Code 20817

Purpose of Disbursement  
Travel - Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.248**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRC Technologies (Victory VOIP)**

Mailing Address PO Box 10048

City State Zip Code  
Tyler TX 75711

Purpose of Disbursement  
Phone System Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 25 / 2013

**Transaction ID : SB.253**

Amount of Each Disbursement this Period

6558.35

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Google**

Mailing Address 1600 Amphitheatre Parkway

City State Zip Code  
Mountain View CA 94043

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 03 / 2013

**Transaction ID : SB.254**

Amount of Each Disbursement this Period

85.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Google**

Mailing Address 1600 Amphitheatre Parkway

City State Zip Code  
Mountain View CA 94043

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 04 / 2013

**Transaction ID : SB.255**

Amount of Each Disbursement this Period

86.44

Non-Contribution Account

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

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

6729.79

# 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 for All Action Fund**

Full Name (Last, First, Middle Initial)

### A. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2013

Transaction ID : SB.256

Amount of Each Disbursement this Period

90.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### B. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2013

Transaction ID : SB.257

Amount of Each Disbursement this Period

64.98

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### C. Google

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2013

Transaction ID : SB.258

Amount of Each Disbursement this Period

60.00

Non-Contribution Account

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

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

214.98

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Google**

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Computer Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.259**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Knownhost LLC**

Mailing Address 1379 Dilworth Town Xing Ste 214

City West Chester State PA Zip Code 19382

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.267**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Knownhost LLC**

Mailing Address 1379 Dilworth Town Xing Ste 214

City West Chester State PA Zip Code 19382

Purpose of Disbursement  
Website Hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.268**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

### A. LexisNexis

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Research Service

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2013

Transaction ID : SB.269

Amount of Each Disbursement this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### B. LexisNexis

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Research Service

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2013

Transaction ID : SB.270

Amount of Each Disbursement this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### C. LexisNexis

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Research Service

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

Transaction ID : SB.271

Amount of Each Disbursement this Period

250.00

Non-Contribution Account

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. LexisNexis**

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Research Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB.272**

Amount of Each Disbursement this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. LexisNexis**

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Research Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2013

**Transaction ID : SB.273**

Amount of Each Disbursement this Period

250.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. LexisNexis**

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Research Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2013

**Transaction ID : SB.274**

Amount of Each Disbursement this Period

250.00

Non-Contribution Account

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

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

750.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

### A. Mando Media Ltd

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2013

Transaction ID : SB.275

Amount of Each Disbursement this Period

2000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### B. Mando Media Ltd

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2013

Transaction ID : SB.276

Amount of Each Disbursement this Period

2000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### C. Mando Media Ltd

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2013

Transaction ID : SB.277

Amount of Each Disbursement this Period

2000.00

Non-Contribution Account

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Mando Media Ltd**

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /   
02 / 18 / 2013

**Transaction ID : SB.278**

Amount of Each Disbursement this Period

2000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Mando Media Ltd**

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /   
03 / 01 / 2013

**Transaction ID : SB.279**

Amount of Each Disbursement this Period

2000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Mando Media Ltd**

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /   
03 / 21 / 2013

**Transaction ID : SB.280**

Amount of Each Disbursement this Period

2000.00

Non-Contribution Account

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Mando Media Ltd**

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 01 / 2013

**Transaction ID : SB.281**

Amount of Each Disbursement this Period

2000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Mando Media Ltd**

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 16 / 2013

**Transaction ID : SB.282**

Amount of Each Disbursement this Period

2000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Mando Media Ltd**

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
05 / 01 / 2013

**Transaction ID : SB.283**

Amount of Each Disbursement this Period

2000.00

Non-Contribution Account

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Mando Media Ltd**

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2013

**Transaction ID : SB.284**

Amount of Each Disbursement this Period

2000.00
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Mando Media Ltd**

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2013

**Transaction ID : SB.285**

Amount of Each Disbursement this Period

2000.00
---------

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Mando Media Ltd**

Mailing Address 1112 Willow Springs Dr

City State Zip Code  
Louisville KY 40242

Purpose of Disbursement  
IT Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2013

**Transaction ID : SB.286**

Amount of Each Disbursement this Period

2000.00
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Non-Contribution Account

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

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

6000.00
---------

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

### A. Southwest

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2013

Transaction ID : SB.288

Amount of Each Disbursement this Period

575.70

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### B. Southwest

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2013

Transaction ID : SB.289

Amount of Each Disbursement this Period

171.80

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### C. Southwest

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2013

Transaction ID : SB.290

Amount of Each Disbursement this Period

154.90

Non-Contribution Account

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

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

902.40

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Southwest**

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 11 / 2013

**Transaction ID : SB.291**

Amount of Each Disbursement this Period

10.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Southwest**

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
03 / 25 / 2013

**Transaction ID : SB.292**

Amount of Each Disbursement this Period

154.90

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Southwest**

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
06 / 06 / 2013

**Transaction ID : SB.293**

Amount of Each Disbursement this Period

782.60

Non-Contribution Account

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

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

947.50



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Students for Liberty**

Mailing Address PO Box 17321

City State Zip Code  
Arlington VA 22216

Purpose of Disbursement  
Event Sponsorship

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	3

**Transaction ID : SB.294**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Employer Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	3

**Transaction ID : SB.295**

Amount of Each Disbursement this Period

3	1	3	6	9	0	0	0	0	0

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	3

**Transaction ID : SB.296**

Amount of Each Disbursement this Period

4	2	5	7	0	0	0	0	0	0

Non-Contribution Account

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

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

5	3	5	6	2	6	0	0	0	0

5	3	5	6	2	6	0	0	0	0

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.297**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Employer Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.298**

Amount of Each Disbursement this Period

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Employer Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.299**

Amount of Each Disbursement this Period

Non-Contribution Account

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 01 / 2013

**Transaction ID : SB.300**

Amount of Each Disbursement this Period

40.84

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 18 / 2013

**Transaction ID : SB.301**

Amount of Each Disbursement this Period

42.57

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Employer Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
02 / 18 / 2013

**Transaction ID : SB.302**

Amount of Each Disbursement this Period

297.93

Non-Contribution Account

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

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

381.34

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Employer Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : SB.303**

Amount of Each Disbursement this Period

297.94

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : SB.304**

Amount of Each Disbursement this Period

44.31

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 21 / 2013

**Transaction ID : SB.305**

Amount of Each Disbursement this Period

40.84

Non-Contribution Account

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

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

383.09

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 01 / 2013

**Transaction ID : SB.306**

Amount of Each Disbursement this Period

40.84

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 16 / 2013

**Transaction ID : SB.307**

Amount of Each Disbursement this Period

40.84

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
05 / 01 / 2013

**Transaction ID : SB.308**

Amount of Each Disbursement this Period

40.84

Non-Contribution Account

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

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

122.52

# 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 for All Action Fund**

Full Name (Last, First, Middle Initial)

### A. SurePayroll

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

### B. SurePayroll

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

### C. SurePayroll

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2013

Transaction ID : SB.309

Amount of Each Disbursement this Period

37.36

Non-Contribution Account

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2013

Transaction ID : SB.310

Amount of Each Disbursement this Period

30.41

Non-Contribution Account

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2013

Transaction ID : SB.311

Amount of Each Disbursement this Period

30.41

Non-Contribution Account

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

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

98.18

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

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  
06 / 03 / 2013

**Transaction ID : SB.312**

Amount of Each Disbursement this Period

39.10

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

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  
06 / 17 / 2013

**Transaction ID : SB.313**

Amount of Each Disbursement this Period

37.36

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. SurePayroll**

Mailing Address 2350 Ravine Way Ste 100

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Payroll Processing

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  
06 / 21 / 2013

**Transaction ID : SB.314**

Amount of Each Disbursement this Period

30.41

Non-Contribution Account

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

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

106.87

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. SurveyMonkey.com**

Mailing Address 285 Hamilton Ave Ste 500

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement  
Website Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 19 / 2013

**Transaction ID : SB.315**

Amount of Each Disbursement this Period

300.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. USAirways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 04 / 2013

**Transaction ID : SB.319**

Amount of Each Disbursement this Period

373.80

Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. USAirways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 04 / 2013

**Transaction ID : SB.320**

Amount of Each Disbursement this Period

189.10

Non-Contribution Account

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

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

862.90



# 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 for All Action Fund**

Full Name (Last, First, Middle Initial)

### A. USAirways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2013

Transaction ID : SB.321

Amount of Each Disbursement this Period

16.80

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### B. USAirways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2013

Transaction ID : SB.322

Amount of Each Disbursement this Period

150.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

### C. USAirways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

Transaction ID : SB.323

Amount of Each Disbursement this Period

25.00

Non-Contribution Account

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

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

191.80

**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 for All Action Fund**

Full Name (Last, First, Middle Initial)

**A. Wiland Direct**

Mailing Address 6309 Monarch Park Pl Ste 201

City Longmont State CO Zip Code 80503

Purpose of Disbursement  
Direct Mail Services

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 / 12 / 2013

**Transaction ID : SB.333**

Amount of Each Disbursement this Period

1987.50

Non-Contribution Account

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1987.50

242908.06

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 83 OF 83
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Liberty for All Action Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vici Media Group</b>	Nature of Debt (Purpose): Design Services
Mailing Address 816 Big Woods Rd	
City State Zip Code Longview TX 75605	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD.001</b>	
Amount Incurred This Period <input type="text" value="3397.06"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3397.06"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3397.06"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="3397.06"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="3397.06"/>