

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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

4. TYPE OF REPORT (check appropriate boxes):

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

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

MM / DD / YYYY  
03 / 14 / 2012

THROUGH

MM / DD / YYYY  
03 / 14 / 2012

6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES ..... 33122.97

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

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Valerie Phillips	<i>Valerie Phillips</i>	03/14/2012

*[Electronically Filed]*

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

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

# SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)  
FREEDOM PATH

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

Mailing Address 135 Professional Drive  
Suite 104

City State Zip Code  
Ponte Vedra FL 32082

Date  
MM / DD / YYYY  
03 / 14 / 2012

Amount  
33122.97

Transaction ID : F57.000001

Purpose of Expenditure  
Mailing - "Missed Votes"

Category/Type 004

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

Office Sought:  House State: UT  
 Senate District: \_\_\_\_\_  
 President

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought 300678.91

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

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

Mailing Address

City State Zip Code

Date  
MM / DD / YYYY

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

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

Mailing Address

City State Zip Code

Date  
MM / DD / YYYY

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33122.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	33122.97