



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Libertarian Party of Illinois

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		2485.82
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	11079.68									
(c) Total Receipts (from Line 19) .....	12475.50	27660.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	23555.18	30146.32								
7. Total Disbursements (from Line 31) .....	17354.54	23945.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6200.64	6200.64								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	2266.10									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Libertarian Party of Illinois

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	10033.50	18728.50
(i) Itemized (use Schedule A) .....	2442.00	8932.00
(ii) Unitemized .....	12475.50	27660.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12475.50	27660.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (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)) .....	12475.50	27660.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12475.50	27660.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	17294.54	23885.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	17294.54	23885.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	60.00	60.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	60.00	60.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17354.54	23945.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17354.54	23945.68

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12475.50	27660.50
34. Total Contribution Refunds (from Line 28(d)) .....	60.00	60.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12415.50	27600.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17294.54	23885.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17294.54	23885.68

**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 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<b>A.</b>	Full Name (Last, First, Middle Initial) Diane Carol Bast		Date of Receipt
	Mailing Address 124 900 E Wilmette Rd		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Palatine	State IL	Zip Code 60067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11525
	Amount of Each Receipt this Period 200.00		In-kind - Benefit Dinner Tickets
Name of Employer Heartland Institute		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 445.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt
	Mailing Address 10534 Antioch Rd		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City Tremont	State IL	Zip Code 61568
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11399
	Amount of Each Receipt this Period 40.00		Donation - Monthly Pledge
Name of Employer Not Given		Occupation Not Given	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 435.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt
	Mailing Address 10534 Antioch Rd		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
	City Tremont	State IL	Zip Code 61568
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11437
	Amount of Each Receipt this Period 40.00		Donation - Monthly Pledge
Name of Employer Not Given		Occupation Not Given	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Damon Dillon

Mailing Address 10534 Antioch Rd

City State Zip Code  
Tremont IL 61568

FEC ID number of contributing federal political committee. C

Name of Employer Not Given Occupation Not Given

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 17 / 2007

**Transaction ID:** SA11AI.11389

Amount of Each Receipt this Period 25.00

Monthly Pledge

**B.**

Full Name (Last, First, Middle Initial)  
Dale Fields

Mailing Address 1132 Kishwaukee

City State Zip Code  
Rockford IL 61104

FEC ID number of contributing federal political committee. C

Name of Employer Requested Occupation Unknown

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 12 / 2007

**Transaction ID:** SA11AI.11573

Amount of Each Receipt this Period 250.00

In-kind - Singletary signed football

**C.**

Full Name (Last, First, Middle Initial)  
Michael Fogelsanger

Mailing Address 845 Sunset Lane

City State Zip Code  
Sycamore IL 60178

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 13 / 2007

**Transaction ID:** SA11AI.11448

Amount of Each Receipt this Period 10.00

Donation - Monthly Pledge

**SUBTOTAL** of Receipts This Page (optional) ..... 285.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.** Full Name (Last, First, Middle Initial)  
Michael Fogelsanger

Mailing Address 845 Sunset Lane

City State Zip Code  
Sycamore IL 60178

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

**Transaction ID:** SA11AI.11419

Amount of Each Receipt this Period  
10.00

Donation - Monthly Pledge

**B.** Full Name (Last, First, Middle Initial)  
Tim Foti

Mailing Address 420 E. Ohio Street  
#27A

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
WYCC-TV Maintenance Engineer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11474

Amount of Each Receipt this Period  
300.00

Donation - Convention Registration

**C.** Full Name (Last, First, Middle Initial)  
Tim Foti

Mailing Address 420 E. Ohio Street  
#27A

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
WYCC-TV Maintenance Engineer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

**Transaction ID:** SA11AI.11498

Amount of Each Receipt this Period  
25.00

Donation - Convention, Auction

**SUBTOTAL** of Receipts This Page (optional) ..... 335.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Julia A. Fox

Mailing Address 310 North Van Buren Street

City State Zip Code  
Dundee IL 60118

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

Name of Employer Occupation  
Bell Flavors & Fragrances Controller

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.11443

Amount of Each Receipt this Period

300.00

Donation - Convention Sponsor

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Julia A. Fox

Mailing Address 310 North Van Buren Street

City State Zip Code  
Dundee IL 60118

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

Name of Employer Occupation  
Bell Flavors & Fragrances Controller

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 645.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.11447

Amount of Each Receipt this Period

25.00

Donation - Monthly Pledge

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Julia A. Fox

Mailing Address 310 North Van Buren Street

City State Zip Code  
Dundee IL 60118

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

Name of Employer Occupation  
Bell Flavors & Fragrances Controller

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 657.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.11596

Amount of Each Receipt this Period

12.00

In-kind - Book

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

337.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.** Full Name (Last, First, Middle Initial)  
Ms. Julia A. Fox

Mailing Address 310 North Van Buren Street

City State Zip Code  
Dundee IL 60118

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

Name of Employer Occupation  
Bell Flavors & Fragrances Controller

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 907.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 7

**Transaction ID:** SA11AI.11415

Amount of Each Receipt this Period  
250.00

Convation - Donation, Auc-  
tion

**B.** Full Name (Last, First, Middle Initial)  
Ms. Julia A. Fox

Mailing Address 310 North Van Buren Street

City State Zip Code  
Dundee IL 60118

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

Name of Employer Occupation  
Bell Flavors & Fragrances Controller

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 932.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11418

Amount of Each Receipt this Period  
25.00

Donation - Monthly Pledge

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julia A. Fox

Mailing Address 310 North Van Buren Street

City State Zip Code  
Dundee IL 60118

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

Name of Employer Occupation  
Bell Flavors & Fragrances Controller

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 957.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11406

Amount of Each Receipt this Period  
25.00

Donation - Monthly Pledge

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.** Full Name (Last, First, Middle Initial)  
Lisa Groeling

Mailing Address 11 Pleasant Street

City State Zip Code  
German Valley IL 61039

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

**Transaction ID:** SA11AI.11468

Amount of Each Receipt this Period  
100.00

Convention - Donation

**B.** Full Name (Last, First, Middle Initial)  
Mr. James R. Haring

Mailing Address 738 West Schubert Avenue

City State Zip Code  
Chicago IL 60614

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

Name of Employer Occupation  
Self-employed financial advisor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11590

Amount of Each Receipt this Period  
190.00

In-kind - Sailing Certificates

**C.** Full Name (Last, First, Middle Initial)  
Sharon Harris

Mailing Address 213 S. Erwin Street

City State Zip Code  
Cartersville GA 30120

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

Name of Employer Occupation  
Advocates of Self Government President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11514

Amount of Each Receipt this Period  
250.00

In-kind - Books from The Advocates

**SUBTOTAL** of Receipts This Page (optional) ..... ► **540.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<b>A.</b>	Full Name (Last, First, Middle Initial) John Howell		Date of Receipt
	Mailing Address 282-B Memorial Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 12 / 2007
	City	State	Zip Code
	Crystal Lake	IL	60014
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11538
Name of Employer Self Employed		Occupation Financial Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 270.00	In-kind - Books and evening w/author

<b>B.</b>	Full Name (Last, First, Middle Initial) John Howell		Date of Receipt
	Mailing Address 282-B Memorial Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 13 / 2007
	City	State	Zip Code
	Crystal Lake	IL	60014
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11507
Name of Employer Self Employed		Occupation Financial Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5.00
		<input type="text"/> 275.00	Donation - Convention, Auction

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. John C. Huwe		Date of Receipt
	Mailing Address 8527 Bunting Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 11 / 2007
	City	State	Zip Code
	Machesney Park	IL	61115
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11446
Name of Employer Inser International		Occupation Cost Accountant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 490.00	Donation - Monthly Pledge

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 130.00
<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: PAGE 13 / 50  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John C. Huwe

Mailing Address 8527 Bunting Ct.

City State Zip Code  
Machesney Park IL 61115

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

Name of Employer Occupation  
Inser International Cost Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt  
MM / DD / YYYY  
11 / 11 / 2007

**Transaction ID:** SA11AI.11417

Amount of Each Receipt this Period  
25.00

Donation - Monthly Pledge

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John C. Huwe

Mailing Address 8527 Bunting Ct.

City State Zip Code  
Machesney Park IL 61115

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

Name of Employer Occupation  
Inser International Cost Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2007

**Transaction ID:** SA11AI.11405

Amount of Each Receipt this Period  
25.00

Donation - Monthly Pledge

**C.**

Full Name (Last, First, Middle Initial)  
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code  
Vandalia IL 62471

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

Name of Employer Occupation  
Sunshine Health Inc. Nutritionist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 824.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2007

**Transaction ID:** SA11AI.11487

Amount of Each Receipt this Period  
434.00

Donation - Convention, Auction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 484.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code  
Vandalia IL 62471

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

Name of Employer Occupation  
Sunshine Health Inc. Nutritionist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 845.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

**Transaction ID:** SA11AI.11504

Amount of Each Receipt this Period  
21.00

Donation - Convention, Books

**B.**

Full Name (Last, First, Middle Initial)  
Crystal Jurczynski

Mailing Address 895 Winchester Ct.

City State Zip Code  
Carol Stream IL 60188

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

Name of Employer Occupation  
Crystal Point Consulting Website Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 358.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11519

Amount of Each Receipt this Period  
8.00

In-kind - Video Tapes

**C.**

Full Name (Last, First, Middle Initial)  
Crystal Jurczynski

Mailing Address 895 Winchester Ct.

City State Zip Code  
Carol Stream IL 60188

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

Name of Employer Occupation  
Crystal Point Consulting Website Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11534

Amount of Each Receipt this Period  
40.00

In-kind - Tshirts

**SUBTOTAL** of Receipts This Page (optional) ..... ► 69.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial) Crystal Jurczynski		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 895 Winchester Ct.		<b>Transaction ID:</b> SA11AI.11550
City Carol Stream	State IL	Zip Code 60188
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Crystal Point Consulting	Occupation Website Architect	In-kind - Video
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 413.00	

**B.**

Full Name (Last, First, Middle Initial) Crystal Jurczynski		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 895 Winchester Ct.		<b>Transaction ID:</b> SA11AI.11552
City Carol Stream	State IL	Zip Code 60188
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Crystal Point Consulting	Occupation Website Architect	In-kind - Halloween Basket
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.00	

**C.**

Full Name (Last, First, Middle Initial) Crystal Jurczynski		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
Mailing Address 895 Winchester Ct.		<b>Transaction ID:</b> SA11AI.11561
City Carol Stream	State IL	Zip Code 60188
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Crystal Point Consulting	Occupation Website Architect	In-kind - T-shirt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<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: <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 type="checkbox"/> 17	PAGE 16 / 50
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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<b>A.</b>	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Date of Receipt MM / DD / YYYY 10 / 12 / 2007
	Mailing Address 895 Winchester Ct.	<b>Transaction ID:</b> SA11AI.11587
	City State Zip Code Carol Stream IL 60188	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	In-kind - Baseball Game
	Name of Employer Occupation Crystal Point Consulting Website Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 508.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Date of Receipt MM / DD / YYYY 10 / 13 / 2007
	Mailing Address 895 Winchester Ct.	<b>Transaction ID:</b> SA11AI.11466
	City State Zip Code Carol Stream IL 60188	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Convention - Donation
	Name of Employer Occupation Crystal Point Consulting Website Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 558.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Date of Receipt MM / DD / YYYY 10 / 19 / 2007
	Mailing Address 895 Winchester Ct.	<b>Transaction ID:</b> SA11AI.11453
	City State Zip Code Carol Stream IL 60188	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	Donation - Monthly Pledge
	Name of Employer Occupation Crystal Point Consulting Website Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<b>A.</b>	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 895 Winchester Ct.	<b>Transaction ID:</b> SA11AI.11421
	City State Zip Code Carol Stream IL 60188	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Donation - Monthly Pledge
	Name of Employer: Crystal Point Consulting Occupation: Website Architect Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 578.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 895 Winchester Ct.	<b>Transaction ID:</b> SA11AI.11408
	City State Zip Code Carol Stream IL 60188	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Donation - Monthly Pledge
	Name of Employer: Crystal Point Consulting Occupation: Website Architect Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 895 Winchester Ct.	<b>Transaction ID:</b> SA11AI.11412
	City State Zip Code Carol Stream IL 60188	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Donation - Monthly Pledge
	Name of Employer: Crystal Point Consulting Occupation: Website Architect Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 598.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	30.00
<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 18 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Mr. David Kaufman

Mailing Address 310 West Wayne Place

City State Zip Code  
Wheeling IL 60090

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

Name of Employer Occupation  
Howard Simon & Assoc. pension plan administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

**Transaction ID:** SA11AI.11511

Amount of Each Receipt this Period  
10.00

Donation - Convention, Books

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David Kaufman

Mailing Address 310 West Wayne Place

City State Zip Code  
Wheeling IL 60090

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

Name of Employer Occupation  
Howard Simon & Assoc. pension plan administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

**Transaction ID:** SA11AI.11449

Amount of Each Receipt this Period  
500.00

Donation

**C.**

Full Name (Last, First, Middle Initial)  
David Kelley

Mailing Address 3456 Dallas Rd.

City State Zip Code  
Rockford IL 61109

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

Name of Employer Occupation  
P-G Design Build Construction Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11517

Amount of Each Receipt this Period  
40.00

In-kind - Painting

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
David Kelley

Mailing Address 3456 Dallas Rd.

City State Zip Code  
Rockford IL 61109

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

Name of Employer Occupation  
P-G Design Build Construction Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11555

Amount of Each Receipt this Period  
5.00

In-kind - Bread

**B.**

Full Name (Last, First, Middle Initial)  
David Kelley

Mailing Address 3456 Dallas Rd.

City State Zip Code  
Rockford IL 61109

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

Name of Employer Occupation  
P-G Design Build Construction Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11577

Amount of Each Receipt this Period  
10.00

In-kind - Harvest Basket

**C.**

Full Name (Last, First, Middle Initial)  
Katherine M Kelley

Mailing Address 3456 Dallas Rd

City State Zip Code  
Rockford IL 61109

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

Name of Employer Occupation  
Kitzman Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** SA11AI.11454

Amount of Each Receipt this Period  
75.00

Donation - Monthly Pledge

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**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 20 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<b>A.</b>	Full Name (Last, First, Middle Initial) Katherine M Kelley		Date of Receipt
	Mailing Address 3456 Dallas Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Rockford	IL	61109
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11422
Name of Employer Kitzman		Occupation Accountant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00
		<input type="text"/> 750.00	Donation - Monthly Pledge

<b>B.</b>	Full Name (Last, First, Middle Initial) Katherine M Kelley		Date of Receipt
	Mailing Address 3456 Dallas Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Rockford	IL	61109
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11409
Name of Employer Kitzman		Occupation Accountant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00
		<input type="text"/> 825.00	Donation - Monthly Pledge

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl Koszycki		Date of Receipt
	Mailing Address 4309 N. Richmond		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Chicago	IL	60618
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11444
Name of Employer EDCO Drapery Workroom		Occupation Business Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	Donation

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 400.00
<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: PAGE 21 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial) Kenton C. McMillen		Date of Receipt MM / DD / YYYY 10 / 13 / 2007
Mailing Address 1409 N. 15th Avenue		<b>Transaction ID:</b> SA11AI.11461
City Melrose Park	State IL	Zip Code 60160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Mayer Brown	Occupation paralegal	Donation - Convention, Auction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

**B.**

Full Name (Last, First, Middle Initial) Kenton C. McMillen		Date of Receipt MM / DD / YYYY 10 / 13 / 2007
Mailing Address 1409 N. 15th Avenue		<b>Transaction ID:</b> SA11AI.11497
City Melrose Park	State IL	Zip Code 60160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Mayer Brown	Occupation paralegal	Donation - Convention, Auction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**C.**

Full Name (Last, First, Middle Initial) Kenton C. McMillen		Date of Receipt MM / DD / YYYY 12 / 17 / 2007
Mailing Address 1409 N. 15th Avenue		<b>Transaction ID:</b> SA11AI.11387
City Melrose Park	State IL	Zip Code 60160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mayer Brown	Occupation paralegal	Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<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 22 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.** Full Name (Last, First, Middle Initial)  
Ms. Audrey Nelson

Mailing Address 519 North Rockford Avenue

City State Zip Code  
Rockford IL 61107

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

Name of Employer IL State toll Occupation toll Collector

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** SA11AI.11456

Amount of Each Receipt this Period  
25.00

Donation - Monthly Pledge

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel O'Connell

Mailing Address 3331 E Fifth Rd

City State Zip Code  
LaSalle IL 61301-9606

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

Name of Employer Self-employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1121.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

**Transaction ID:** SA11AI.11510

Amount of Each Receipt this Period  
1.00

Donation - Convention, Books

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code  
Wonder Lake IL 60097

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

Name of Employer none Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11568

Amount of Each Receipt this Period  
40.00

In-kind - Ron Paul poster and frame

**SUBTOTAL** of Receipts This Page (optional) ..... ► 66.00

**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 23 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Kathleen Polizzi		Date of Receipt
	Mailing Address 8600 Howe Rd.		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Wonder Lake	IL	60097
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer none		Occupation homemaker	Transaction ID: SA11AI.11598 Amount of Each Receipt this Period <input type="text" value="20.00"/> In-kind - Book
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2350.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Kathleen Polizzi		Date of Receipt
	Mailing Address 8600 Howe Rd.		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Wonder Lake	IL	60097
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer none		Occupation homemaker	Transaction ID: SA11AI.11459 Amount of Each Receipt this Period <input type="text" value="942.50"/> Donation - Convention, Auction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3292.50"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ken Prazak		Date of Receipt
	Mailing Address 315 Barrington Ave.		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	East Dundee	IL	60118
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self-employed		Occupation painter	Transaction ID: SA11AI.11529 Amount of Each Receipt this Period <input type="text" value="125.00"/> In-kind - Host seat on radio show
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1087.50"/>
<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: PAGE 24 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Ken Prazak

Mailing Address 315 Barrington Ave.

City State Zip Code  
East Dundee IL 60118

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

Name of Employer self-employed Occupation painter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 10 / 13 / 2007

Transaction ID: SA11AI.11465

Amount of Each Receipt this Period: 60.00

Convention - Donation

**B.**

Full Name (Last, First, Middle Initial)  
Edward Rutledge

Mailing Address 2027 W. Leland

City State Zip Code  
Chicago IL 60625

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

Name of Employer Draper and Kramer Occupation Commercial Mortgage Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1180.00

Date of Receipt: 11 / 30 / 2007

Transaction ID: SA11AI.11391

Amount of Each Receipt this Period: 1000.00

Donation - Convention, Auction

**C.**

Full Name (Last, First, Middle Initial)  
Susan L. Schell

Mailing Address 135 Wildwood Rd.

City State Zip Code  
Elk Grove Village IL 60007

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

Name of Employer Unknown Occupation Unknown

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt: 12 / 17 / 2007

Transaction ID: SA11AI.11386

Amount of Each Receipt this Period: 500.00

Donation

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1560.00

**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 25 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<b>A.</b>	Full Name (Last, First, Middle Initial) Walter Simons		Date of Receipt
	Mailing Address 519 Normandy Lane		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Barrington	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11402
Name of Employer None		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="1345.00"/>	Donation - Convention

<b>B.</b>	Full Name (Last, First, Middle Initial) Walter Simons		Date of Receipt
	Mailing Address 519 Normandy Lane		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Barrington	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11540
Name of Employer None		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="1355.00"/>	In-kind - Cake

<b>C.</b>	Full Name (Last, First, Middle Initial) Walter Simons		Date of Receipt
	Mailing Address 519 Normandy Lane		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Barrington	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11499
Name of Employer None		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="525.00"/>
		<input type="text" value="1880.00"/>	Donation - Convention, Auction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1035.00"/>
<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: PAGE 26 / 50  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Walter Simons

Mailing Address 519 Normandy Lane

City State Zip Code  
Barrington IL 60010

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 ▼  
1980.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2007

**Transaction ID:** SA11AI.11458

Amount of Each Receipt this Period  
100.00

Donation - Monthly Pledge

**B.**

Full Name (Last, First, Middle Initial)  
Walter Simons

Mailing Address 519 Normandy Lane

City State Zip Code  
Barrington IL 60010

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 ▼  
2080.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2007

**Transaction ID:** SA11AI.11428

Amount of Each Receipt this Period  
100.00

Donation - Monthly Pledge

**C.**

Full Name (Last, First, Middle Initial)  
Walter Simons

Mailing Address 519 Normandy Lane

City State Zip Code  
Barrington IL 60010

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 ▼  
2180.00

Date of Receipt  
MM / DD / YYYY  
12 / 28 / 2007

**Transaction ID:** SA11AI.11411

Amount of Each Receipt this Period  
100.00

Donation - Monthly Pledge

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William J. Stephens

Mailing Address Unit G  
2042 Berkshire Circle

City State Zip Code  
Carpentersville IL 60110

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

Name of Employer Occupation  
ITT Industries Production Planner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.11460

Amount of Each Receipt this Period

285.00

Donation - Convention, Auction

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Stoll

Mailing Address 923 Quince Lane

City State Zip Code  
Mt. Prospect IL 60056

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

Name of Employer Occupation  
Allstate Insurance Company Actuary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.11450

Amount of Each Receipt this Period

50.00

Donation - Monthly Pledge

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Stoll

Mailing Address 923 Quince Lane

City State Zip Code  
Mt. Prospect IL 60056

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

Name of Employer Occupation  
Allstate Insurance Company Actuary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.11420

Amount of Each Receipt this Period

50.00

Donation - Monthly Donation

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

**385.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.** Full Name (Last, First, Middle Initial)  
Christopher Stoll

Mailing Address 923 Quince Lane

City State Zip Code  
Mt. Prospect IL 60056

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

Name of Employer Allstate Insurance Company   Occupation Actuary

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

**Transaction ID:** SA11AI.11407

Amount of Each Receipt this Period  
50.00

Donation - Monthly Pledge

**B.** Full Name (Last, First, Middle Initial)  
Donald H. Stover

Mailing Address 515 W. Main

City State Zip Code  
Greenville IL 62246

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

Name of Employer Nevco Scoreboard   Occupation Service Technician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11469

Amount of Each Receipt this Period  
150.00

Donation - Convention Registration

**C.** Full Name (Last, First, Middle Initial)  
Kimberly Tedrick

Mailing Address 15256 East Illinois Route 72

City State Zip Code  
Davis Junction IL 61020

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

Name of Employer Raycar Gear and Machine   Occupation Office Manager

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** SA11AI.11438

Amount of Each Receipt this Period  
300.00

Donation - Convention Registration

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Kimberly Tedrick

Mailing Address 15256 East Illinois Route 72

City State Zip Code  
Davis Junction IL 61020

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

Name of Employer Raycar Gear and Machine Occupation Office Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.11505

Amount of Each Receipt this Period 10.00

Donation - Convention, Books

**B.**

Full Name (Last, First, Middle Initial)  
David Travis

Mailing Address 2301 N. Pulaski

City State Zip Code  
Chicago IL 60639

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

Name of Employer Self Occupation Outdoor Advertiser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.11570

Amount of Each Receipt this Period 50.00

In-kind - Paul Revere plaque

**C.**

Full Name (Last, First, Middle Initial)  
David Travis

Mailing Address 2301 N. Pulaski

City State Zip Code  
Chicago IL 60639

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

Name of Employer Self Occupation Outdoor Advertiser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.11467

Amount of Each Receipt this Period 100.00

Donation - Convention

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

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

Mailing Address 2301 N. Pulaski

City State Zip Code  
Chicago IL 60639

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

Name of Employer Self Occupation  
Outdoor Advertiser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 / 13 / 2007  
Transaction ID: SA11AI.11506  
Amount of Each Receipt this Period: 20.00  
Donation, Convention, Books

**B.** Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation  
Systems Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 04 / 2007  
Transaction ID: SA11AI.11401  
Amount of Each Receipt this Period: 25.00  
Donation - Monthly Pledge

**C.** Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation  
Systems Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 10 / 12 / 2007  
Transaction ID: SA11AI.11544  
Amount of Each Receipt this Period: 70.00  
In-kind - Ounces of silver

**SUBTOTAL** of Receipts This Page (optional) ..... ► 115.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 710.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11546

Amount of Each Receipt this Period  
140.00

In-kind - Ounces of silver

**B.**

Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11548

Amount of Each Receipt this Period  
65.00

In-kind - Books

**C.**

Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11566

Amount of Each Receipt this Period  
5.00

In-kind - T shirt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 210.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.** Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11579

Amount of Each Receipt this Period  
20.00

In-kind - Putting System

**B.** Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11581

Amount of Each Receipt this Period  
5.00

In-kind - Bears Mug

**C.** Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11583

Amount of Each Receipt this Period  
15.00

In-kind - Book

**SUBTOTAL** of Receipts This Page (optional) ..... ► 40.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A.**

Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 860.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11592

Amount of Each Receipt this Period 40.00

In-kind - Bears Jersey

**B.**

Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.11594

Amount of Each Receipt this Period 20.00

In-kind - Super Simon

**C.**

Full Name (Last, First, Middle Initial)  
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 905.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** SA11AI.11397

Amount of Each Receipt this Period 25.00

Donation - Monthly Pledge

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

**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 34 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<b>A.</b>	Full Name (Last, First, Middle Initial) Valiant S. Vetter		Date of Receipt
	Mailing Address 2119 Wilmette Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11395
Name of Employer Chicago Tribune		Occupation Systems Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 930.00	<input type="text"/> 25.00
			Donation - Monthly Pledge

<b>B.</b>	Full Name (Last, First, Middle Initial) Valiant S. Vetter		Date of Receipt
	Mailing Address 2119 Wilmette Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11396
Name of Employer Chicago Tribune		Occupation Systems Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 955.00	<input type="text"/> 25.00
			Donation - Monthly Pledge

<b>C.</b>	Full Name (Last, First, Middle Initial) Valiant S. Vetter		Date of Receipt
	Mailing Address 2119 Wilmette Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11392
Name of Employer Chicago Tribune		Occupation Systems Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 980.00	<input type="text"/> 25.00
			Donation - Monthly Pledge

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<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:	PAGE 35 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<b>A.</b>	Full Name (Last, First, Middle Initial) Valiant S. Vetter		Date of Receipt
	Mailing Address 2119 Wilmette Avenue		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Chicago Tribune		Occupation Systems Administrator	<b>Transaction ID:</b> SA11AI.11388
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="text" value="1005.00"/>	Monthly Pledge

<b>B.</b>	Full Name (Last, First, Middle Initial) Dianna Visek		Date of Receipt
	Mailing Address 608 W. Pennsylvania		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Urbana	IL	61801
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Landlord	<b>Transaction ID:</b> SA11AI.11464
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="120.00"/>
		<input type="text" value="240.00"/>	Convention - Donation

<b>C.</b>	Full Name (Last, First, Middle Initial) James C. Waldron		Date of Receipt
	Mailing Address 1505 Georgia Ct. #202		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Naperville	IL	60540
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer retired		Occupation retired	<b>Transaction ID:</b> SA11AI.11400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="75.00"/>
		<input type="text" value="270.00"/>	Donation - Monthly Pledge

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="220.00"/>
<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:		PAGE 36 / 50	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)  
James C. Waldron

Mailing Address 1505 Georgia Ct. #202

City Naperville State IL Zip Code 60540

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

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.11462

Amount of Each Receipt this Period  
50.00

Donation - Convention

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10033.50

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Citicorp Choice Visa	Transaction ID: SB21B.11374 Date of Disbursement
	Mailing Address Processing Center	<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City Des Moines State IA Zip Code 50363	Amount of Each Disbursement this Period
	Purpose of Disbursement Convention Hotel expense - guest speaker Candidate Name	<input type="text" value="929.51"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Click and Pledge	Transaction ID: SB21B.11354 Date of Disbursement
	Mailing Address 2200 Kraft Drive Suite 1175	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City Blacksburg State VA Zip Code 24060	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees Candidate Name	<input type="text" value="215.91"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Click and Pledge	Transaction ID: SB21B.11356 Date of Disbursement
	Mailing Address 2200 Kraft Drive Suite 1175	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City Blacksburg State VA Zip Code 24060	Amount of Each Disbursement this Period
	Purpose of Disbursement Check Processing Fee Candidate Name	<input type="text" value="5.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1150.42"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<p><b>A.</b> Full Name (Last, First, Middle Initial) Click and Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11377</p> <p>Date of Disbursement 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 207.76</p> <p>003 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Click and Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement Check Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11378</p> <p>Date of Disbursement 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 7.50</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Click and Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement Check Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11383</p> <p>Date of Disbursement 12 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 2.50</p> <p>001 Category/ Type</p>

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

217.76

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Click and Pledge	Transaction ID: SB21B.11382 Date of Disbursement
	Mailing Address 2200 Kraft Drive Suite 1175	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Blacksburg State VA Zip Code 24060	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="10.24"/>
	Candidate Name	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cliffbreakers Riverside Resort	Transaction ID: SB21B.11347 Date of Disbursement
	Mailing Address 700 W. Riverside Boulevard	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Rockford State IL Zip Code 61103	Amount of Each Disbursement this Period
	Purpose of Disbursement Convention Expense (hotel & facilities)	<input type="text" value="8027.91"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Cloud	Transaction ID: SB21B.11352 Date of Disbursement
	Mailing Address 7845 E. 3rd Street	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Tucson State AZ Zip Code 85710	Amount of Each Disbursement this Period
	Purpose of Disbursement Convention Speaker Expenses	<input type="text" value="554.60"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8592.75"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Michael Cloud	Transaction ID: SB21B.11353 Date of Disbursement 10 / 16 / 2007
	Mailing Address 7845 E. 3rd Street	Amount of Each Disbursement this Period 1500.00
	City Tucson State AZ Zip Code 85710	
	Purpose of Disbursement Convention Speaker Fee	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dale Fields	Transaction ID: SB21B.11574 Date of Disbursement 10 / 12 / 2007
	Mailing Address 1132 Kishwaukee	Amount of Each Disbursement this Period 250.00
	City Rockford State IL Zip Code 61104	
	Purpose of Disbursement In-kind - Singletary signed football	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sharon Harris	Transaction ID: SB21B.11516 Date of Disbursement 10 / 12 / 2007
	Mailing Address 213 S. Erwin Street	Amount of Each Disbursement this Period 250.00
	City Cartersville State GA Zip Code 30120	
	Purpose of Disbursement In-kind - Books from The Advocates	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Jacob Hornberger	Transaction ID: SB21B.11349 Date of Disbursement 10 / 16 / 2007
	Mailing Address 11350 Random Hills Road Ste. 800	Amount of Each Disbursement this Period 1865.00
	City Fairfax State VA Zip Code 22030	
	Purpose of Disbursement Convention Speaking Fee and Expenses	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.11343 Date of Disbursement 10 / 04 / 2007
	Mailing Address 895 Winchester Ct.	Amount of Each Disbursement this Period 325.00
	City Carol Stream State IL Zip Code 60188	
	Purpose of Disbursement Contractual Fees: Administrative Services	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.11520 Date of Disbursement 10 / 12 / 2007
	Mailing Address 895 Winchester Ct.	Amount of Each Disbursement this Period 8.00
	City Carol Stream State IL Zip Code 60188	
	Purpose of Disbursement In-kind - Video Tapes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2198.00
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.11535 Date of Disbursement
	Mailing Address 895 Winchester Ct.	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Carol Stream State IL Zip Code 60188	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - T-shirts	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.11551 Date of Disbursement
	Mailing Address 895 Winchester Ct.	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Carol Stream State IL Zip Code 60188	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - Video	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.11554 Date of Disbursement
	Mailing Address 895 Winchester Ct.	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Carol Stream State IL Zip Code 60188	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - Halloween Basket	<input type="text" value="25.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="80.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.11562 Date of Disbursement
	Mailing Address 895 Winchester Ct.	<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Carol Stream State IL Zip Code 60188	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - Tshirt	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.11589 Date of Disbursement
	Mailing Address 895 Winchester Ct.	<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Carol Stream State IL Zip Code 60188	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - Baseball Game	<input type="text" value="50.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.11363 Date of Disbursement
	Mailing Address 895 Winchester Ct.	<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City Carol Stream State IL Zip Code 60188	Amount of Each Disbursement this Period
	Purpose of Disbursement Contractual Fee: Administrative Service	<input type="text" value="200.00"/>
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="270.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<b>A.</b>	Full Name (Last, First, Middle Initial) Crystal Jurczynski Mailing Address 895 Winchester Ct. City Carol Stream State IL Zip Code 60188 Purpose of Disbursement Contractual Fees: Administrative Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.11372 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7	Amount of Each Disbursement this Period 325.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Andrew B. Spiegel Mailing Address 702 Chidester Ave. City Glen Ellyn State IL Zip Code 60137 Purpose of Disbursement Retainer Fee owed from 2003 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.11369 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	Amount of Each Disbursement this Period 100.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Andrew B. Spiegel Mailing Address 702 Chidester Ave. City Glen Ellyn State IL Zip Code 60137 Purpose of Disbursement Retainer Fee owed from 2003 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.11370 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	Amount of Each Disbursement this Period 100.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	525.00
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Mr. Andrew B. Spiegel  Mailing Address 702 Chidester Ave.  City State Zip Code Glen Ellyn IL 60137  Purpose of Disbursement Retainer Fee Owed from 2003 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.11385 Date of Disbursement 12 / 11 / 2007  Amount of Each Disbursement this Period 100.00  Category/Type 001
B.	Full Name (Last, First, Middle Initial) Jan E. Stover  Mailing Address 515 W. Main St.  City State Zip Code Greenville IL 62246  Purpose of Disbursement In-kind - Website Membership Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.11543 Date of Disbursement 10 / 12 / 2007  Amount of Each Disbursement this Period 25.00  Category/Type
C.	Full Name (Last, First, Middle Initial) Jan E. Stover  Mailing Address 515 W. Main St.  City State Zip Code Greenville IL 62246  Purpose of Disbursement In-kind - Liberty Basket Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.11586 Date of Disbursement 10 / 12 / 2007  Amount of Each Disbursement this Period 50.00  Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	175.00
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<p><b>A.</b> Full Name (Last, First, Middle Initial) Valiant S. Vetter</p> <p>Mailing Address 2119 Wilmette Avenue</p> <p>City Wilmette State IL Zip Code 60091</p> <p>Purpose of Disbursement In-kind - Ounces of silver</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11545 <b>Date of Disbursement</b> 10 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 70.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Valiant S. Vetter</p> <p>Mailing Address 2119 Wilmette Avenue</p> <p>City Wilmette State IL Zip Code 60091</p> <p>Purpose of Disbursement In-kind - Ounces of silver</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11547 <b>Date of Disbursement</b> 10 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 140.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Valiant S. Vetter</p> <p>Mailing Address 2119 Wilmette Avenue</p> <p>City Wilmette State IL Zip Code 60091</p> <p>Purpose of Disbursement In-kind - Books</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11549 <b>Date of Disbursement</b> 10 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 65.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	275.00
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Valiant S. Vetter	Transaction ID: SB21B.11567
	Mailing Address 2119 Wilmette Avenue	Date of Disbursement 10 / 12 / 2007
	City Wilmette State IL Zip Code 60091	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement In-kind - T shirt	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Valiant S. Vetter	Transaction ID: SB21B.11580
	Mailing Address 2119 Wilmette Avenue	Date of Disbursement 10 / 12 / 2007
	City Wilmette State IL Zip Code 60091	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement In-kind - Putting System	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Valiant S. Vetter	Transaction ID: SB21B.11582
	Mailing Address 2119 Wilmette Avenue	Date of Disbursement 10 / 12 / 2007
	City Wilmette State IL Zip Code 60091	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement In-kind - Bears Mug	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	30.00
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Valiant S. Vetter	Transaction ID: SB21B.11584 Date of Disbursement 10 / 12 / 2007
	Mailing Address 2119 Wilmette Avenue	Amount of Each Disbursement this Period 15.00
	City Wilmette State IL Zip Code 60091	
	Purpose of Disbursement In-kind - Book	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Valiant S. Vetter	Transaction ID: SB21B.11593 Date of Disbursement 10 / 12 / 2007
	Mailing Address 2119 Wilmette Avenue	Amount of Each Disbursement this Period 40.00
	City Wilmette State IL Zip Code 60091	
	Purpose of Disbursement In-kind - Bears Jersey	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Valiant S. Vetter	Transaction ID: SB21B.11595 Date of Disbursement 10 / 12 / 2007
	Mailing Address 2119 Wilmette Avenue	Amount of Each Disbursement this Period 20.00
	City Wilmette State IL Zip Code 60091	
	Purpose of Disbursement In-kind - Super Simon	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	75.00
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11344</p> <p>Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 53.28</p> <p>005 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11357</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 53.32</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.11380</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 53.71</p> <p>001 Category/ Type</p>

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

160.31

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

15749.24

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Libertarian Party of Illinois

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
Mr. Andrew B. Spiegel

Mailing Address 702 Chidester Ave.

City State ZIP Code  
Glen Ellyn IL 60137

Nature of Debt (Purpose):  
Retainer Fee owed in 2003

Outstanding Balance Beginning This Period

2566.10

Transaction ID: SD10.8568

Amount Incurred This Period

0.00

Payment This Period

300.00

Outstanding Balance at Close of This Period

2266.10

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	2266.10
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	2266.10
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	2266.10