

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street) 2600 VIRGINIA AVE NW
SUITE 200
 Check if different than previously reported. (ACC)
WASHINGTON DC 20037

2. **FEC IDENTIFICATION NUMBER** C00255695
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 01 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer William Redpath

Signature of Treasurer Electronically Filed by William Redpath Date 02 18 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		257807.24
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	257807.24									
(c) Total Receipts (from Line 19)	121833.94	121833.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	379641.18	379641.18								
7. Total Disbursements (from Line 31)	124453.15	124453.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	255188.03	255188.03								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	57808.00	57808.00
(ii) Unitemized	63874.49	63874.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	121682.49	121682.49
(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)	121682.49	121682.49
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)	151.45	151.45
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))	121833.94	121833.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	121833.94	121833.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	117423.15	117423.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	117423.15	117423.15
22. Transfers to Affiliated/Other Party Committees.....	7000.00	7000.00
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	30.00	30.00
(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))	30.00	30.00
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))..	124453.15	124453.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	124453.15	124453.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	121682.49	121682.49
34. Total Contribution Refunds (from Line 28(d))	30.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	121652.49	121652.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	117423.15	117423.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	151.45	151.45
38. Net Operating Expenditures (subtract Line 37 from Line 36)	117271.70	117271.70

**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)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Mett B. Ausley, Jr.
Mailing Address 3412 Waccamaw Shores Rd
City Lake Waccamaw State NC Zip Code 28450-9442
FEC ID number of contributing federal political committee. **C**
Name of Employer Cypress Pathology Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt MM / DD / YYYY 01 / 03 / 2011
Transaction ID: SA11AI.4226
Amount of Each Receipt this Period 300.00
Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Ricardo Ben-Safed
Mailing Address 118 S 21st St Apt 1420
City Philadelphia State PA Zip Code 19103-4428
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Behavioral Health Occupation Socialworker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 266.57
Date of Receipt MM / DD / YYYY 01 / 04 / 2011
Transaction ID: SA11AI.4382
Amount of Each Receipt this Period 250.00
Contribution

C. Full Name (Last, First, Middle Initial)
Estate of Raymond Groves Burrington
Mailing Address C/of Estate of R. G. Burrington
109 Northshore Dr Ste 303
City Knoxville State TN Zip Code 37919-4925
FEC ID number of contributing federal political committee. **C**
Name of Employer Deceased Occupation Deceased
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00
Date of Receipt MM / DD / YYYY 01 / 21 / 2011
Transaction ID: SA11AI.4658
Amount of Each Receipt this Period 30400.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 30950.00
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)

<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 NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)
Roger Cargile

Mailing Address 6244 Oakland Ave Apt 313

City State Zip Code
Saint Louis MO 63139-3240

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

Name of Employer Occupation
Ameren Corporation Mail Receipts Teller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2011

Transaction ID: SA11AI.4718

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Curtis A. Cook

Mailing Address 19051 86th Ave NE

City State Zip Code
Bothell WA 98011-2111

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

Name of Employer Occupation
Davis Wright Tremaine LLP Technician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2011

Transaction ID: SA11AI.4895

Amount of Each Receipt this Period
250.00

Contribution

C.

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

Mailing Address 12571 Sanford St

City State Zip Code
Los Angeles CA 90066-6934

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

Name of Employer Occupation
Snell & Wilmer LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2011

Transaction ID: SA11AI.5015

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 NATIONAL COMMITTEE, INC.

<p>A. Full Name (Last, First, Middle Initial) Jeremy S. Davis</p> <p>Mailing Address 7539 Brompton St</p> <hr/> <p>City State Zip Code Houston TX 77025-2267</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-employed Investor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p>	<p>Date of Receipt 01 / 24 / 2011</p> <p>Transaction ID: SA11AI.5028</p> <p>Amount of Each Receipt this Period 800.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) C. E. Dekko</p> <p>Mailing Address 2706 Horseshoe Dr S</p> <hr/> <p>City State Zip Code Naples FL 34104-6142</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 01 / 26 / 2011</p> <p>Transaction ID: SA11AI.5052</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Bert G. Hassler</p> <p>Mailing Address 128 Elkins Ave</p> <hr/> <p>City State Zip Code Arcadia CA 91006-1711</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 01 / 24 / 2011</p> <p>Transaction ID: SA11AI.5712</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	1900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Robert Hirsch		Date of Receipt
	Mailing Address 505 N Lake Shore Dr Apt 5910		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 1 / 2 0 1 1
	City	State	Zip Code
	Chicago	IL	60611-3411
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5847
Name of Employer Gold Eagle Co.		Occupation Executive	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
			Contribution

B.	Full Name (Last, First, Middle Initial) Dr. William H. Kingery, Sr.		Date of Receipt
	Mailing Address 120 Riverside Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 6 / 2 0 1 1
	City	State	Zip Code
	Lexington	NC	27292-8175
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6185
Name of Employer Kingery & Kingery DDS Pla- ce		Occupation Dentist	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
			Contribution

C.	Full Name (Last, First, Middle Initial) Mrs. Andra R. Liemandt		Date of Receipt
	Mailing Address 801 W 5th St Apt 2901		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 4 / 2 0 1 1
	City	State	Zip Code
	Austin	TX	78703-5464
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6390
Name of Employer Self		Occupation Home Maker	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"/> 2533.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3033.00
TOTAL 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 11 / 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 NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)
Joe Liemandt

Mailing Address 801 W 5th St Apt 2901

City State Zip Code
Austin TX 78703-5464

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

Name of Employer Occupation
Trilogy Software

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2011

Transaction ID: SA11AI.6392

Amount of Each Receipt this Period
2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Matthew Lyons

Mailing Address 8405 Villaverde Dr

City State Zip Code
Whittier CA 90605-1341

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

Name of Employer Occupation
The Capital Group Global Trading Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: SA11AI.6459

Amount of Each Receipt this Period
2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Craig McKee

Mailing Address 100 Lakeshore Dr Apt 1955

City State Zip Code
North Palm Beach FL 33408-3650

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: SA11AI.6649

Amount of Each Receipt this Period
400.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **5400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 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 NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)
Hugh Nile

Mailing Address PO Box 366

City State Zip Code
Newell WV 26050-0366

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2011

Transaction ID: SA11AI.6944

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Henry O'Connor

Mailing Address 1319 Windham Rd

City State Zip Code
Columbus OH 43220-3962

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

Name of Employer Freedom Transport, Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: SA11AI.6968

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Mukund Patel

Mailing Address PO Box 60280

City State Zip Code
Staten Island NY 10306-0280

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

Name of Employer Comprehensive Hand Surgery Occupation Orthopedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: SA11AI.7054

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 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 NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Gerald A. Phillips

Mailing Address 140 E Rio Salado Pkwy Unit 1003

City State Zip Code
Tempe AZ 85281-5539

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 ▼ 250.00

Date of Receipt: 01 / 10 / 2011
Transaction ID: SA11AI.7115
Amount of Each Receipt this Period: 250.00
Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City State Zip Code
White GA 30184-2232

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 ▼ 500.00

Date of Receipt: 01 / 03 / 2011
Transaction ID: SA11AI.7161
Amount of Each Receipt this Period: 500.00
Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Leslie Rose

Mailing Address 330 S Ocean Blvd Apt 3B

City State Zip Code
Palm Beach FL 33480-4263

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 ▼ 1000.00

Date of Receipt: 01 / 11 / 2011
Transaction ID: SA11AI.7364
Amount of Each Receipt this Period: 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Mr. Steve Rothacker

Mailing Address 689 Kentwood Dr

City State Zip Code
Rockwall TX 75032-7505

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

Name of Employer Unique Indoor Comfort Occupation Contractor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 11 / 2011
Transaction ID: SA11AI.7377
Amount of Each Receipt this Period: 500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Chris J. Rufer

Mailing Address 724 Main St

City State Zip Code
Woodland CA 95695-3407

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

Name of Employer The Morning Star Company Occupation Agriculturalist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 01 / 11 / 2011
Transaction ID: SA11AI.7389
Amount of Each Receipt this Period: 10000.00
Contribution

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

Mailing Address PO Box 217

City State Zip Code
Fairfield CA 94533-0021

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

Name of Employer Pandamerica Imports, Inc. Occupation Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 04 / 2011
Transaction ID: SA11AI.7652
Amount of Each Receipt this Period: 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 10750.00

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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Thomas David Sleeva

Mailing Address 9901 W Sahara Ave Ofc

City State Zip Code
Las Vegas NV 89117-6956

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

Name of Employer Self Employed Occupation
Hypnotist & NLP Trainer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: SA11AI.7689

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jim Stutsman

Mailing Address 6106 Yellow Rose Cv

City State Zip Code
Austin TX 78749-1657

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

Name of Employer Self Employed Occupation
General Contractor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: SA11AI.7881

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. William M. Templeton

Mailing Address 469 10th St NW Apt 3

City State Zip Code
Atlanta GA 30318-5786

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: SA11AI.7969

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 16 / 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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Eric C. Wood	Date of Receipt MM / DD / YYYY 01 / 12 / 2011
	Mailing Address 225 McGowen Rd	Transaction ID: SA11AI.8386
	City State Zip Code Monroe LA 71203-9390	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Info Requested	Occupation Info Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) Eric C. Wood	Date of Receipt MM / DD / YYYY 01 / 20 / 2011
	Mailing Address 225 McGowen Rd	Transaction ID: SA11AI.8387
	City State Zip Code Monroe LA 71203-9390	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Info Requested	Occupation Info Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00	

C.	Full Name (Last, First, Middle Initial) Holly Wright	Date of Receipt MM / DD / YYYY 01 / 05 / 2011
	Mailing Address 36638 32nd Ave S	Transaction ID: SA11AI.8421
	City State Zip Code Auburn WA 98001-8842	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1275.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Dr. Jonathan V. Wright		Date of Receipt																					
	Mailing Address 36638 32nd Ave S		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	5	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1	/	0	5	/	2	0	1	1														
	City Auburn State WA Zip Code 98001-8842		Transaction ID: SA11AI.8427																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																					
Name of Employer Marus Int'l Inc. Occupation Scientist		Contribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	57808.00

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

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

FOR LINE NUMBER:
(check only one)

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<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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) B & B Duplicators <hr/> Mailing Address 818 18th Street NW LL15 <hr/> City Washington State DC Zip Code 20006-0000 <hr/> Purpose of Disbursement Non Candidate Party Printing Service Candidate Name 003 Category/Type <hr/> 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.8509 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">424.00</div>
B.	Full Name (Last, First, Middle Initial) Robert C. Benedict <hr/> Mailing Address 2400 Virginia Ave NW Apt C1125 <hr/> City Washington State DC Zip Code 20037-2661 <hr/> Purpose of Disbursement Employee Net Pay Candidate Name 001 Category/Type <hr/> 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.8511 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 1 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1253.20</div>
C.	Full Name (Last, First, Middle Initial) Robert C. Benedict <hr/> Mailing Address 2400 Virginia Ave NW Apt C1125 <hr/> City Washington State DC Zip Code 20037-2661 <hr/> Purpose of Disbursement Employee Net Pay Candidate Name 001 Category/Type <hr/> 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.8512 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 1 1 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">7624.96</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">9302.16</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Robert C. Benedict Mailing Address 2400 Virginia Ave NW Apt C1125 City Washington State DC Zip Code 20037-2661 Purpose of Disbursement Employee Net Pay 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) ▼	Transaction ID: SB21B.8513 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 1 1	Amount of Each Disbursement this Period 5647.45
B.	Full Name (Last, First, Middle Initial) BentleyForbes Watergate LLC Mailing Address PO Box 373378 City Cleveland State OH Zip Code 44193-3378 Purpose of Disbursement Office Rent, Tax, Maintenance & Utilities 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) ▼	Transaction ID: SB21B.8515 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 1	Amount of Each Disbursement this Period 10596.71
C.	Full Name (Last, First, Middle Initial) Bigeye Direct, Inc. Mailing Address PO Box 710865 City Oak Hill State VA Zip Code 20171-0865 Purpose of Disbursement Non Candidate Party Mailing 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) ▼	Transaction ID: SB21B.8516 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 1 1	Amount of Each Disbursement this Period 400.20

SUBTOTAL of Disbursements This Page (optional)	16644.36
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)

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<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 NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Bigeye Direct, Inc. <hr/> Mailing Address PO Box 710865 <hr/> City Oak Hill State VA Zip Code 20171-0865 <hr/> Purpose of Disbursement Non Candidate Party Mailing Service Candidate Name	Transaction ID: SB21B.8728 Date of Disbursement 01 / 03 / 2011 <hr/> Amount of Each Disbursement this Period 3123.53		
		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) ▼
		Category/Type: 003	
		Disbursement For:	
B. Full Name (Last, First, Middle Initial) Bigeye Direct, Inc. <hr/> Mailing Address PO Box 710865 <hr/> City Oak Hill State VA Zip Code 20171-0865 <hr/> Purpose of Disbursement Non Candidate Party Mailing Service Candidate Name	Transaction ID: SB21B.8517 Date of Disbursement 01 / 04 / 2011 <hr/> Amount of Each Disbursement this Period 559.45		
		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) ▼
		Category/Type: 003	
		Disbursement For:	
C. Full Name (Last, First, Middle Initial) Bigeye Direct, Inc. <hr/> Mailing Address PO Box 710865 <hr/> City Oak Hill State VA Zip Code 20171-0865 <hr/> Purpose of Disbursement Non Candidate Party Mailing Service Candidate Name	Transaction ID: SB21B.8518 Date of Disbursement 01 / 10 / 2011 <hr/> Amount of Each Disbursement this Period 3123.53		
		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) ▼
		Category/Type: 003	
		Disbursement For:	

SUBTOTAL of Disbursements This Page (optional)	▶	6806.51
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 NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Bigeye Direct, Inc. <hr/> Mailing Address PO Box 710865 <hr/> City Oak Hill State VA Zip Code 20171-0865 <hr/> Purpose of Disbursement Non Candidate Party Mailing Service Candidate Name	Transaction ID: SB21B.8519 Date of Disbursement 01 / 31 / 2011 <hr/> Amount of Each Disbursement this Period 2693.77		
		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) ▼
		Category/Type: 003	
		Disbursement For:	
B. Full Name (Last, First, Middle Initial) Broadway Premium Funding <hr/> Mailing Address PO Box 66468 <hr/> City Chicago State IL Zip Code 60666-0468 <hr/> Purpose of Disbursement Insurance Candidate Name	Transaction ID: SB21B.8521 Date of Disbursement 01 / 25 / 2011 <hr/> Amount of Each Disbursement this Period 811.64		
		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) ▼
		Category/Type: 001	
		Disbursement For:	
C. Full Name (Last, First, Middle Initial) CNA Insurance <hr/> Mailing Address PO Box 382033 <hr/> City Pittsburgh State PA Zip Code 15250-8033 <hr/> Purpose of Disbursement Insurance Candidate Name	Transaction ID: SB21B.8525 Date of Disbursement 01 / 25 / 2011 <hr/> Amount of Each Disbursement this Period 1367.00		
		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) ▼
		Category/Type: 001	
		Disbursement For:	

SUBTOTAL of Disbursements This Page (optional) ▶

4872.41

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)

PAGE 22 / 50

<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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: SB21B.8527 Date of Disbursement
	Mailing Address PO Box 3005	<input type="text" value="01"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Southeastern State PA Zip Code 19398-3005	Amount of Each Disbursement this Period
	Purpose of Disbursement Cable and Data Services	<input type="text" value="272.74"/>
	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.	Full Name (Last, First, Middle Initial) Commonwealth Digital Office Solutions	Transaction ID: SB21B.8529 Date of Disbursement
	Mailing Address 21205 Ridgetop Circle	<input type="text" value="01"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Sterling State VA Zip Code 20166-6501	Amount of Each Disbursement this Period
	Purpose of Disbursement Copier Maintenance	<input type="text" value="203.74"/>
	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) Andrew Davis	Transaction ID: SB21B.8531 Date of Disbursement
	Mailing Address 6394 Cherry Tree Ln NE	<input type="text" value="01"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Atanta State GA Zip Code 30328-3315	Amount of Each Disbursement this Period
	Purpose of Disbursement LP News Writing for Non Candidate Mailing	<input type="text" value="2000.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2476.48"/>
TOTAL 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)

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<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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	Transaction ID: SB21B.8535 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Withholding	<input type="text" value="147.00"/>
	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.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	Transaction ID: SB21B.8536 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Admin. Funding Assessment	<input type="text" value="14.16"/>
	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) DC Office of Tax & Revenue	Transaction ID: SB21B.8537 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Unemployment Company	<input type="text" value="113.23"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="274.39"/>
TOTAL 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)

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<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

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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	Transaction ID: SB21B.8538 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Withholding	<input type="text" value="1064.00"/>
	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.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	Transaction ID: SB21B.8539 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Admin. Funding Assessment	<input type="text" value="15.98"/>
	Candidate Name	<input type="text"/> 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) DC Office of Tax & Revenue	Transaction ID: SB21B.8540 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Unemployment Company	<input type="text" value="127.87"/>
	Candidate Name	<input type="text"/> 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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1207.85"/>
TOTAL 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)

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<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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	Transaction ID: SB21B.8541 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Withholding	<input type="text" value="809.00"/>
	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) Dell Computer	Transaction ID: SB21B.8727 Date of Disbursement
	Mailing Address One Dell Way	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Round Rock State TX Zip Code 78682-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Dell File and SQL Servers	<input type="text" value="6447.97"/>
	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) Arthur DiBianca	Transaction ID: SB21B.8544 Date of Disbursement
	Mailing Address 619 Friar Tuck Ln.	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Austin State TX Zip Code 78704-5609	Amount of Each Disbursement this Period
	Purpose of Disbursement Administrative Support Services	<input type="text" value="1440.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8696.97"/>
TOTAL 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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Arthur DiBianca <hr/> Mailing Address 619 Friar Tuck Ln. <hr/> City Austin State TX Zip Code 78704-5609 <hr/> Purpose of Disbursement Administrative Support Services Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.8545 Date of Disbursement 01 / 25 / 2011	Amount of Each Disbursement this Period 1440.00
B.	Full Name (Last, First, Middle Initial) Susan M. Dickson <hr/> Mailing Address 3410 Vineland Place <hr/> City Dumfries State VA Zip Code 22026-0000 <hr/> Purpose of Disbursement Employee Net Pay Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.8547 Date of Disbursement 01 / 05 / 2011	Amount of Each Disbursement this Period 990.79
C.	Full Name (Last, First, Middle Initial) Susan M. Dickson <hr/> Mailing Address 3410 Vineland Place <hr/> City Dumfries State VA Zip Code 22026-0000 <hr/> Purpose of Disbursement Employee Net Pay Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.8548 Date of Disbursement 01 / 19 / 2011	Amount of Each Disbursement this Period 1030.63

SUBTOTAL of Disbursements This Page (optional)	3461.42
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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Dominick J. Dunbar	Transaction ID: SB21B.8550 Date of Disbursement
	Mailing Address 470 Raven Rd	<input type="text" value="01"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Stafford State VA Zip Code 22554-4006	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Net Pay Candidate Name	<input type="text" value="772.58"/>
	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) Dominick J. Dunbar	Transaction ID: SB21B.8551 Date of Disbursement
	Mailing Address 470 Raven Rd	<input type="text" value="01"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Stafford State VA Zip Code 22554-4006	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Net Pay Candidate Name	<input type="text" value="590.44"/>
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Paula Edwards	Transaction ID: SB21B.8553 Date of Disbursement
	Mailing Address 1200 G Street, N.W. Suite 800	<input type="text" value="01"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20005-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Fec Filing and Amendments Candidate Name	<input type="text" value="1250.00"/>
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2613.02"/>
TOTAL 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 NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197

Purpose of Disbursement
Federal Withholding

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8686
Date of Disbursement

01 / 04 / 2011

Amount of Each Disbursement this Period

1283.00

B. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197

Purpose of Disbursement
Medicare Company

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8687
Date of Disbursement

01 / 04 / 2011

Amount of Each Disbursement this Period

152.50

C. Full Name (Last, First, Middle Initial)
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code
St. Louis MO 63197

Purpose of Disbursement
Medicare Employee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8688
Date of Disbursement

01 / 04 / 2011

Amount of Each Disbursement this Period

152.50

SUBTOTAL of Disbursements This Page (optional) ▶

1588.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<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 NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Social Security Company 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) ▼	Transaction ID: SB21B.8689 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 652.04 Category/Type: 001

B. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Social Security Employee 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) ▼	Transaction ID: SB21B.8690 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 652.04 Category/Type: 001

C. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Federal Unemployment 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) ▼	Transaction ID: SB21B.8691 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 40.62 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

1344.70

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 NATIONAL COMMITTEE, INC.

<p>A. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197</p> <p>Purpose of Disbursement Federal Withholding</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>Transaction ID: SB21B.8692</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3702.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197</p> <p>Purpose of Disbursement Medicare Company</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>Transaction ID: SB21B.8693</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="217.49"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197</p> <p>Purpose of Disbursement Medicare Employee</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>Transaction ID: SB21B.8694</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="217.49"/></p> <p>Category/Type: <input type="text" value="001"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

4136.98

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)

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<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 NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Social Security Company Candidate Name	Transaction ID: SB21B.8695 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 930.00
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) ▼	Category/Type 001

B. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Social Security Employee Candidate Name	Transaction ID: SB21B.8696 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 419.67
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) ▼	Category/Type 001

C. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Federal Unemployment Candidate Name	Transaction ID: SB21B.8697 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 63.93
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) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	1413.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Federal Withholding 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) ▼	Transaction ID: SB21B.8698 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 3503.00 Category/Type: 001

B. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Medicare Company 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) ▼	Transaction ID: SB21B.8699 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 272.04 Category/Type: 001

C. Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197 Purpose of Disbursement Medicare Employee 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) ▼	Transaction ID: SB21B.8700 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 272.04 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶	4047.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 NATIONAL COMMITTEE, INC.

A. Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197

Purpose of Disbursement
Social Security Company

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.8701

Date of Disbursement

01 / 18 / 2011

Amount of Each Disbursement this Period

1163.19

B. Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197

Purpose of Disbursement
Social Security Employee

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.8702

Date of Disbursement

01 / 18 / 2011

Amount of Each Disbursement this Period

787.96

C. FP Mailing Solutions

Full Name (Last, First, Middle Initial)

FP Mailing Solutions

Mailing Address PO Box 4510

City Carol Stream State IL Zip Code 60197-4510

Purpose of Disbursement
Postage & Meter Resets

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.8557

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

2451.15

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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Casey T. Hansen	Transaction ID: SB21B.8561 Date of Disbursement
	Mailing Address 1445 Ogden St. NW Apt #212	<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20010-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Net Pay	<input type="text" value="1010.79"/>
	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.	Full Name (Last, First, Middle Initial) Casey T. Hansen	Transaction ID: SB21B.8562 Date of Disbursement
	Mailing Address 1445 Ogden St. NW Apt #212	<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20010-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Net Pay	<input type="text" value="1049.63"/>
	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) Kyle J. Hartz	Transaction ID: SB21B.8564 Date of Disbursement
	Mailing Address 1713 N Taylor St	<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City Arlington State VA Zip Code 22207-3158	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Net Pay	<input type="text" value="1301.36"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3361.78"/>
TOTAL 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)

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<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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Kyle J. Hartz	Transaction ID: SB21B.8565 Date of Disbursement 01 / 19 / 2011
	Mailing Address 1713 N Taylor St	
	City Arlington State VA Zip Code 22207-3158	Amount of Each Disbursement this Period 1358.61
	Purpose of Disbursement Employee Net Pay 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.	Full Name (Last, First, Middle Initial) Ideal Mailing, Inc.	Transaction ID: SB21B.8569 Date of Disbursement 01 / 10 / 2011
	Mailing Address 800 Overhead Dr.	
	City Oklahoma City State OK Zip Code 73128-0000	Amount of Each Disbursement this Period 4632.70
	Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	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) ▼

C.	Full Name (Last, First, Middle Initial) Independent Printing Co., Inc.	Transaction ID: SB21B.8571 Date of Disbursement 01 / 31 / 2011
	Mailing Address 8735 Bollman Place, Ste #A	
	City Savage State MD Zip Code 20763-0000	Amount of Each Disbursement this Period 2424.34
	Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name	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) ▼

SUBTOTAL of Disbursements This Page (optional)	8415.65
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)

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<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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Michelle A. Jelnicky	Transaction ID: SB21B.8573 Date of Disbursement 01 / 05 / 2011
	Mailing Address 9339 Bonnie Briar Cir.	
	City Charlotte State NC Zip Code 28277-1578	Amount of Each Disbursement this Period 372.88
	Purpose of Disbursement Employee Net Pay 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.	Full Name (Last, First, Middle Initial) Michelle A. Jelnicky	Transaction ID: SB21B.8574 Date of Disbursement 01 / 19 / 2011
	Mailing Address 9339 Bonnie Briar Cir.	
	City Charlotte State NC Zip Code 28277-1578	Amount of Each Disbursement this Period 494.72
	Purpose of Disbursement Employee Net Pay 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) ▼

C.	Full Name (Last, First, Middle Initial) Joe Ragan's	Transaction ID: SB21B.8577 Date of Disbursement 01 / 25 / 2011
	Mailing Address PO Box 125	
	City Springfield State VA Zip Code 22150-0125	Amount of Each Disbursement this Period 508.80
	Purpose of Disbursement Office Supplies 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1376.40
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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Joe Ragan's <hr/> Mailing Address PO Box 125 <hr/> City Springfield State VA Zip Code 22150-0125 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.8578 Date of Disbursement 01 / 31 / 2011 <hr/> Amount of Each Disbursement this Period 31.80 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) Robert Johnston <hr/> Mailing Address PO Box 7742 <hr/> City Essex State MD Zip Code 21221-0742 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.8580 Date of Disbursement 01 / 17 / 2011 <hr/> Amount of Each Disbursement this Period 1070.00 <hr/> Category/Type 001
C.	Full Name (Last, First, Middle Initial) Robert Johnston <hr/> Mailing Address PO Box 7742 <hr/> City Essex State MD Zip Code 21221-0742 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.8581 Date of Disbursement 01 / 31 / 2011 <hr/> Amount of Each Disbursement this Period 1270.00 <hr/> Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

2371.80

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)

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<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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Mr. Robert Kraus	Transaction ID: SB21B.8582 Date of Disbursement 01 / 05 / 2011
	Mailing Address 5375 Duke St Apt 1012	Amount of Each Disbursement this Period 1752.15
	City Alexandria State VA Zip Code 22304-3018	
	Purpose of Disbursement Employee Net Pay 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.	Full Name (Last, First, Middle Initial) Mr. Robert Kraus	Transaction ID: SB21B.8583 Date of Disbursement 01 / 19 / 2011
	Mailing Address 5375 Duke St Apt 1012	Amount of Each Disbursement this Period 1560.40
	City Alexandria State VA Zip Code 22304-3018	
	Purpose of Disbursement Employee Net Pay 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) ▼
C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.8589 Date of Disbursement 01 / 31 / 2011
	Mailing Address 890 Mountain Ave	Amount of Each Disbursement this Period 839.69
	City New Providence State NJ Zip Code 07974-0000	
	Purpose of Disbursement Merchant Services Fee 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4152.24

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)

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<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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) PAETEC - US LEC Corp. <hr/> Mailing Address PO Box 1283 <hr/> City Buffalo State NY Zip Code 14240-1283 <hr/> Purpose of Disbursement Phone and Data Services Candidate Name	Transaction ID: SB21B.8594 Date of Disbursement 01 / 25 / 2011	Amount of Each Disbursement this Period 1213.45
	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) ▼	Category/Type 001	
B.	Full Name (Last, First, Middle Initial) PayPal Merchant Services <hr/> Mailing Address 2211 N. First St. <hr/> City San Jose State CA Zip Code 95131-0000 <hr/> Purpose of Disbursement Merchant Services Fee Candidate Name	Transaction ID: SB21B.8596 Date of Disbursement 01 / 31 / 2011	Amount of Each Disbursement this Period 923.56
	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) ▼	Category/Type 001	
C.	Full Name (Last, First, Middle Initial) PNC Visa Card <hr/> Mailing Address P.O. Box 856176 <hr/> City Louisville State KY Zip Code 40285-6176 <hr/> Purpose of Disbursement PNC Visa Payment(See Memo) Candidate Name	Transaction ID: SB21B.8600 Date of Disbursement 01 / 31 / 2011	Amount of Each Disbursement this Period 9792.72
	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) ▼	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶

11929.73

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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.8600.0 Date of Disbursement
	Mailing Address PO Box 582820 - MD766	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Tulsa State OK Zip Code 74158-2820	Amount of Each Disbursement this Period
	Purpose of Disbursement Staff Travel-Air Candidate Name	<input type="text" value="432.80"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type <input type="text" value="002"/>	

B.	Full Name (Last, First, Middle Initial) Crucial.com	Transaction ID: SB21B.8600.1 Date of Disbursement
	Mailing Address 3475 E. Commercial Ct	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Meridian State ID Zip Code 83642-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Computer Hardware Candidate Name	<input type="text" value="619.98"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type <input type="text" value="001"/>	

C.	Full Name (Last, First, Middle Initial) Facebook, Inc.	Transaction ID: SB21B.8600.2 Date of Disbursement
	Mailing Address 1601 S. California Ave	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Palo Alto State CA Zip Code 94304-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Facebook Ad Candidate Name	<input type="text" value="621.34"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type <input type="text" value="001"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL 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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) ID Superstore Mailing Address 250 H Street #510 City Blaine State WA Zip Code 98230-0000 Purpose of Disbursement Non Candidate Party Printing 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) ▼	Transaction ID: SB21B.8600.3 Date of Disbursement 01 / 31 / 2011	Amount of Each Disbursement this Period 1599.60 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Lyris Tech - Sparklist Mailing Address PO Box 49023 City San Jose State CA Zip Code 95161-9023 Purpose of Disbursement Email Marketing Services 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) ▼	Transaction ID: SB21B.8600.4 Date of Disbursement 01 / 31 / 2011	Amount of Each Disbursement this Period 2000.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Melissa Data Corp Mailing Address 22382 Avenida Empresa City Rancho Santa Marga State CA Zip Code 92688-2112 Purpose of Disbursement Email Verification Services 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) ▼	Transaction ID: SB21B.8600.5 Date of Disbursement 01 / 31 / 2011	Amount of Each Disbursement this Period 784.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

<input 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 NATIONAL COMMITTEE, INC.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Orbitz LLC</p> <p>Mailing Address 200 South Wacker Dr #1900</p> <p>City Chicago State IL Zip Code 60606-0000</p> <p>Purpose of Disbursement Staff Travel-Hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8600.6</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period 423.44</p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	3	1	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	3	1	/	2	0	1	1												
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Frontier Airlines</p> <p>Mailing Address 7001 Tower Road</p> <p>City Denver State CO Zip Code 80249-7312</p> <p>Purpose of Disbursement Staff Travel-Air</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8600.7</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period 235.40</p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	3	1	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	3	1	/	2	0	1	1												
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Intuit Software</p> <p>Mailing Address PO Box 30015</p> <p>City Reno State NV Zip Code 89520-3015</p> <p>Purpose of Disbursement Computer Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8600.8</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period 268.15</p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	3	1	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	3	1	/	2	0	1	1												

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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

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 NATIONAL COMMITTEE, INC.

<p>A. Full Name (Last, First, Middle Initial) Provantage.com</p> <p>Mailing Address 7249 Whipple Ave NW</p> <p>City North Canton State OH Zip Code 44720-0000</p> <p>Purpose of Disbursement Computer Hardware</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8600.9</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="560.93"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Rackspace US Inc.</p> <p>Mailing Address 9725 Datapoint Dr. #100</p> <p>City San Antonio State TX Zip Code 78229-0000</p> <p>Purpose of Disbursement Website Hosting Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8600.10</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="649.00"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) ThePlanet.com</p> <p>Mailing Address 1333 N. Stemmons Fwy #110</p> <p>City Dallas State TX Zip Code 75207-3724</p> <p>Purpose of Disbursement Email Hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8600.11</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="574.00"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL 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 NATIONAL COMMITTEE, INC.

<p>A. Full Name (Last, First, Middle Initial) Postamster - BRM Permit</p> <p>Mailing Address PO Box 92200</p> <p>City Washington State DC Zip Code 20090-2200</p> <p>Purpose of Disbursement Postage Permit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8650</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="955.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) QuickBooks Payroll Service</p> <p>Mailing Address PO Box 30015</p> <p>City Reno State NV Zip Code 89520-3015</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8654</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="14.58"/></p>
<p>C. Full Name (Last, First, Middle Initial) QuickBooks Payroll Service</p> <p>Mailing Address PO Box 30015</p> <p>City Reno State NV Zip Code 89520-3015</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8655</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="22.53"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Red Rock Casion Resort & Spa <hr/> Mailing Address 11011 W. Charleston Blvd. <hr/> City Las Vegas State NV Zip Code 89135-0000 <hr/> Purpose of Disbursement 2012 Convention Deposit - Hotel Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.8657 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 1	Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) Gary Sinawski <hr/> Mailing Address 180 Montague St., Apt 25-B <hr/> City Brooklyn State NY Zip Code 11201-3623 <hr/> Purpose of Disbursement LP Legal Expenses Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.8661 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 1 1	Amount of Each Disbursement this Period 3000.00
C.	Full Name (Last, First, Middle Initial) SoftwareMedia.com, Inc. <hr/> Mailing Address 916 South Main St. <hr/> City Salt Lake City State UT Zip Code 84101-0000 <hr/> Purpose of Disbursement SBS 2008 Server Software Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.8729 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 1	Amount of Each Disbursement this Period 2120.16

SUBTOTAL of Disbursements This Page (optional) ►

6620.16

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)

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<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 NATIONAL COMMITTEE, INC.

<p>A. Full Name (Last, First, Middle Initial) Star Envelope, LLC</p> <p>Mailing Address 7521 Pulaski Hwy</p> <p>City Baltimore State MD Zip Code 21237-0000</p> <p>Purpose of Disbursement Non Candidate Party Printing Serv</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>Transaction ID: SB21B.8665 Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 846.25</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Stigler Printing</p> <p>Mailing Address Box 549 - 204 S. Broadway</p> <p>City Stigler State OK Zip Code 74462-0000</p> <p>Purpose of Disbursement Non Candidate Party Printing Serv</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>Transaction ID: SB21B.8667 Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1932.04</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) The Forum Press Inc.</p> <p>Mailing Address 3100 W. Warner Ave #7</p> <p>City Santa Ana State CA Zip Code 92704-0000</p> <p>Purpose of Disbursement Non Candidate Party Printing</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>Transaction ID: SB21B.8673 Date of Disbursement 01 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 502.60</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3280.89

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)

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<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 NATIONAL COMMITTEE, INC.

A.	Full Name (Last, First, Middle Initial) Ticketmaster	Transaction ID: SB21B.8675 Date of Disbursement
	Mailing Address 1601 Elm St., Ste. 700	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Dallas State TX Zip Code 75201-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Services Fee Candidate Name	<input type="text" value="315.41"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) United Healthcare Ins., Inc.	Transaction ID: SB21B.8677 Date of Disbursement
	Mailing Address Dept. CH-10151	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City Palatine State IL Zip Code 60055-0151	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Health Insurance Candidate Name	<input type="text" value="1097.61"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation	Transaction ID: SB21B.8679 Date of Disbursement
	Mailing Address PO Box 26644	<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City Richmond State VA Zip Code 23261-6644	Amount of Each Disbursement this Period
	Purpose of Disbursement VA - Withholding Candidate Name	<input type="text" value="337.00"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1750.02"/>
TOTAL 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)

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<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 NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)
Virginia Dept. of Taxation

Mailing Address PO Box 26644

City Richmond State VA Zip Code 23261-6644

Purpose of Disbursement
VA - Withholding

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.8680

Date of Disbursement

01 / 18 / 2011

Amount of Each Disbursement this Period

297.00

SUBTOTAL of Disbursements This Page (optional)

297.00

TOTAL This Period (last page this line number only)

115884.86

**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)

PAGE 49 / 50

<input type="checkbox"/> 21b	<input checked="" 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 NATIONAL COMMITTEE, INC.

<p>A. Full Name (Last, First, Middle Initial) LIBERTARIAN PARTY OF MARYLAND</p> <p>Mailing Address PO BOX 176</p> <p>City ABINGDON State MD Zip Code 21009</p> <p>Purpose of Disbursement Transfer to State Party Committee</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>Transaction ID: SB22.8585</p> <p>Date of Disbursement 01 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>008 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Libertarian Party of New Mexico</p> <p>Mailing Address 918 Ivory Rd SE</p> <p>City Rio Rancho State NM Zip Code 87124-3003</p> <p>Purpose of Disbursement Transfer to State Party Committee</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>Transaction ID: SB22.8587</p> <p>Date of Disbursement 01 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 6000.00</p> <p>008 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>7000.00</p>

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 NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bigeye Direct, Inc.			Nature of Debt (Purpose): Non Candidate Party Mailing Service
Mailing Address PO Box 710865			
City Oak Hill	State VA	ZIP Code 20171-0865	

Outstanding Balance Beginning This Period <input type="text" value="3123.53"/>		Transaction ID: SD10.4101	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3123.53"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dell Computer			Nature of Debt (Purpose): Dell File and SQL Server
Mailing Address One Dell Way			
City Round Rock	State TX	ZIP Code 78682-0000	

Outstanding Balance Beginning This Period <input type="text" value="6447.97"/>		Transaction ID: SD10.4099	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6447.97"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SoftwareMedia.com, Inc.			Nature of Debt (Purpose): SBS 2008 Server Software
Mailing Address 916 South Main St.			
City Salt Lake City	State UT	ZIP Code 84101-0000	

Outstanding Balance Beginning This Period <input type="text" value="2120.16"/>		Transaction ID: SD10.4103	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2120.16"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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