



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Libertarian Party of Illinois

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="9956.54"/>	<input type="text" value="9956.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11527.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="82972.03"/>	<input type="text" value="87858.31"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="94499.22"/>	<input type="text" value="97814.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="86757.04"/>	<input type="text" value="90072.67"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7742.18"/>	<input type="text" value="7742.18"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Libertarian Party of Illinois**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12150.28	13950.28
(ii) Unitemized .....	2062.28	5148.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14212.56	19098.84
(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) .....	14212.56	19098.84
12. Transfers From Affiliated/Other Party Committees.....	68727.53	68727.53
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	31.94	31.94
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	82972.03	87858.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	82972.03	87858.31

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	86757.04	90072.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	86757.04	90072.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86757.04	90072.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86757.04	90072.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14212.56	19098.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14212.56	19098.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	86757.04	90072.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	86757.04	90072.67

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial) <b>A. Ms. Julia A. Fox</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2014 <b>Transaction ID : SA11AI.15262</b>
Mailing Address 536 S. 5TH ST.		Amount of Each Receipt this Period 20.14
City Dundee	State IL	Zip Code 60118
FEC ID number of contributing federal political committee. C	General Donation	
Name of Employer Bell Flavors & Fragrances	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.28	

Full Name (Last, First, Middle Initial) <b>B. Ms. Julia A. Fox</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2014 <b>Transaction ID : SA11AI.15268</b>
Mailing Address 536 S. 5TH ST.		Amount of Each Receipt this Period 100.00
City Dundee	State IL	Zip Code 60118
FEC ID number of contributing federal political committee. C	General Donation	
Name of Employer Bell Flavors & Fragrances	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.28	

Full Name (Last, First, Middle Initial) <b>C. Ms. Julia A. Fox</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2014 <b>Transaction ID : SA11AI.15280</b>
Mailing Address 536 S. 5TH ST.		Amount of Each Receipt this Period 20.14
City Dundee	State IL	Zip Code 60118
FEC ID number of contributing federal political committee. C	General Donation	
Name of Employer Bell Flavors & Fragrances	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.42	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

**A. Mr. David Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 West Wayne Place  
 City Wheeling State IL Zip Code 60090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Howard Simon & Assoc. Occupation pension plan administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2014  
**Transaction ID : SA11AI.15258**  
 Amount of Each Receipt this Period  
 500.00  
 General Donation

**B. Mr. David Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 West Wayne Place  
 City Wheeling State IL Zip Code 60090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Howard Simon & Assoc. Occupation pension plan administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : SA11AI.15272**  
 Amount of Each Receipt this Period  
 300.00  
 General Donation

**C. Mr. David Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 West Wayne Place  
 City Wheeling State IL Zip Code 60090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Howard Simon & Assoc. Occupation pension plan administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : SA11AI.15282**  
 Amount of Each Receipt this Period  
 100.00  
 General Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

**A. Walter Simons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 519 Normandy Lane

City Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
04 / 24 / 2014  
Transaction ID : SA11AI.15257

Amount of Each Receipt this Period  
100.00

General Donation

**B. Walter Simons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 519 Normandy Lane

City Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt  
06 / 03 / 2014  
Transaction ID : SA11AI.15276

Amount of Each Receipt this Period  
100.00

General Donation

**C. Emily Stoll**  
Full Name (Last, First, Middle Initial)  
Mailing Address 516 Arapaho Trail

City Lake Villa	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate	Occupation Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
05 / 05 / 2014  
Transaction ID : SA11AI.15266

Amount of Each Receipt this Period  
50.00

General Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

**A. Emily Stoll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 516 Arapaho Trail  
 City Lake Villa State IL Zip Code 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Occupation Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : SA11AI.15283**  
 Amount of Each Receipt this Period  
 50.00  
 General Donation

**B. James C. Waldron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1505 Georgia Ct. #202  
 City Naperville State IL Zip Code 60540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : SA11AI.15388**  
 Amount of Each Receipt this Period  
 75.00  
 General Donation

**C. James C. Waldron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1505 Georgia Ct. #202  
 City Naperville State IL Zip Code 60540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : SA11AI.15357**  
 Amount of Each Receipt this Period  
 200.00  
 General Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12150.28

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

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

FOR LINE NUMBER: PAGE 11 OF 36  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)  
**A. Champaign County Libertarian Party**

Mailing Address 703 Fairway Dr

City Champaign State IL Zip Code 61820

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : SA12.15426**

Amount of Each Receipt this Period  
20.00

General Donation

Full Name (Last, First, Middle Initial)  
**B. DuPage Libertarians**

Mailing Address PO Box 87465

City Carol Stream State IL Zip Code 60188-7465

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
727.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : SA12.15394**

Amount of Each Receipt this Period  
727.53

General Donation

Full Name (Last, First, Middle Initial)  
**C. DuPage Libertarians**

Mailing Address PO Box 87465

City Carol Stream State IL Zip Code 60188-7465

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : SA12.15395**

Amount of Each Receipt this Period  
80.00

General Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 827.53

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

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

Mailing Address 536 S. 5TH ST.

City Dundee State IL Zip Code 60118

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

Name of Employer Bell Flavors & Fragrances Occupation Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.14

Date of Receipt  
04 / 11 / 2014  
**Transaction ID : SA12.15336**

Amount of Each Receipt this Period  
400.00

General Donation

Full Name (Last, First, Middle Initial)  
**B. Libertarian National Committee**

Mailing Address 2600 Virginia Avenue, N.W. Suite 200

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00255695

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5275.00

Date of Receipt  
04 / 17 / 2014  
**Transaction ID : SA12.15416**

Amount of Each Receipt this Period  
5275.00

Transfer from Libertarian National Committee

Full Name (Last, First, Middle Initial)  
**C. Libertarian National Committee**

Mailing Address 2600 Virginia Avenue, N.W. Suite 200

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00255695

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15995.00

Date of Receipt  
04 / 18 / 2014  
**Transaction ID : SA12.15417**

Amount of Each Receipt this Period  
10720.00

Transfer from Libertarian National Committee

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	16395.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial) <b>A. Libertarian National Committee</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2014 <b>Transaction ID : SA12.15419</b>
Mailing Address 2600 Virginia Avenue, N.W. Suite 200		Amount of Each Receipt this Period 5027.50
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C C00255695		Transfer from Libertarian National Committee
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 21022.50	

Full Name (Last, First, Middle Initial) <b>B. Libertarian National Committee</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : SA12.15420</b>
Mailing Address 2600 Virginia Avenue, N.W. Suite 200		Amount of Each Receipt this Period 1100.00
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C C00255695		Transfer from Libertarian National Committee
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 22122.50	

Full Name (Last, First, Middle Initial) <b>C. Libertarian National Committee</b>		Date of Receipt MM / DD / YYYY 05 / 05 / 2014 <b>Transaction ID : SA12.15366</b>
Mailing Address 2600 Virginia Avenue, N.W. Suite 200		Amount of Each Receipt this Period 5600.00
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C C00255695		Transfer from Libertarian National Committee
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 27722.50	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11727.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial) <b>A. Libertarian National Committee</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2014 <b>Transaction ID : SA12.15367</b>
Mailing Address 2600 Virginia Avenue, N.W. Suite 200		Amount of Each Receipt this Period 1977.50
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C C00255695		Transfer from Libertarian National Committee
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 29700.00	

Full Name (Last, First, Middle Initial) <b>B. Libertarian National Committee</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2014 <b>Transaction ID : SA12.15368</b>
Mailing Address 2600 Virginia Avenue, N.W. Suite 200		Amount of Each Receipt this Period 2077.50
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C C00255695		Transfer from Libertarian National Committee
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 31777.50	

Full Name (Last, First, Middle Initial) <b>C. Libertarian National Committee</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2014 <b>Transaction ID : SA12.15369</b>
Mailing Address 2600 Virginia Avenue, N.W. Suite 200		Amount of Each Receipt this Period 5000.00
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C C00255695		Transfer from Libertarian National Committee
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 36777.50	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9055.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

**A. Libertarian National Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 2600 Virginia Avenue, N.W.  
Suite 200

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00255695

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40815.00

Date of Receipt  
05 / 14 / 2014  
**Transaction ID : SA12.15370**

Amount of Each Receipt this Period  
4037.50

Transfer from Libertarian National Committee

**B. Libertarian National Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 2600 Virginia Avenue, N.W.  
Suite 200

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00255695

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
45927.50

Date of Receipt  
05 / 15 / 2014  
**Transaction ID : SA12.15371**

Amount of Each Receipt this Period  
5112.50

Transfer from Libertarian National Committee

**C. Libertarian National Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 2600 Virginia Avenue, N.W.  
Suite 200

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00255695

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50927.50

Date of Receipt  
05 / 20 / 2014  
**Transaction ID : SA12.15372**

Amount of Each Receipt this Period  
5000.00

Transfer from Libertarian National Committee

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 14150.00

**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 16 OF 36  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

**A. Libertarian National Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Virginia Avenue, N.W.  
 Suite 200  
 City Washington State DC Zip Code 20037  
 FEC ID number of contributing federal political committee. **C** C00255695  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 55522.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2014  
**Transaction ID : SA12.15373**  
 Amount of Each Receipt this Period  
 4595.00  
 Transfer from Libertarian National Committee

**B. Libertarian National Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Virginia Avenue, N.W.  
 Suite 200  
 City Washington State DC Zip Code 20037  
 FEC ID number of contributing federal political committee. **C** C00255695  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 59010.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2014  
**Transaction ID : SA12.15374**  
 Amount of Each Receipt this Period  
 3487.50  
 Transfer from Libertarian National Committee

**C. Libertarian National Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Virginia Avenue, N.W.  
 Suite 200  
 City Washington State DC Zip Code 20037  
 FEC ID number of contributing federal political committee. **C** C00255695  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 62555.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2014  
**Transaction ID : SA12.15375**  
 Amount of Each Receipt this Period  
 3545.50  
 Transfer from Libertarian National Committee

**SUBTOTAL** of Receipts This Page (optional).....▶ 11628.00  
**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 17 OF 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial) <b>A. Libertarian National Committee</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : SA12.15361</b>
Mailing Address 2600 Virginia Avenue, N.W. Suite 200		Amount of Each Receipt this Period 1857.00
City Washington State DC Zip Code 20037	FEC ID number of contributing federal political committee. <b>C</b> C00255695	Transfer from Libertarian National Committee
Name of Employer Occupation	Aggregate Year-to-Date ▼ 64412.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Libertarian National Committee</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : SA12.15362</b>
Mailing Address 2600 Virginia Avenue, N.W. Suite 200		Amount of Each Receipt this Period 1000.00
City Washington State DC Zip Code 20037	FEC ID number of contributing federal political committee. <b>C</b> C00255695	Transfer from Libertarian National Committee
Name of Employer Occupation	Aggregate Year-to-Date ▼ 65412.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Libertarian National Committee, Inc.</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2014 <b>Transaction ID : SA12.15418</b>
Mailing Address 2600 Virginia Av NW #100 2600 Virginia Avenue, NW		Amount of Each Receipt this Period 2087.50
City Washington State DC Zip Code 20037	FEC ID number of contributing federal political committee. <b>C</b> C00255695	Transfer from Libertarian National Committee
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2087.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4944.50
<b>TOTAL</b> This Period (last page this line number only).....▶	68727.53

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 36  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)  
**A. Benchmark Email**

Mailing Address 10532 Los Vaqueros Circle

City Los Alamitos State CA Zip Code 90720

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **31.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA16.15397**

Amount of Each Receipt this Period  
**31.94**

Reimbursement

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>31.94</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>31.94</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2014

**Transaction ID : SB21B.15407**

Amount of Each Disbursement this Period

1522.50

Full Name (Last, First, Middle Initial)

**B. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : SB21B.15409**

Amount of Each Disbursement this Period

2570.00

Full Name (Last, First, Middle Initial)

**C. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SB21B.15408**

Amount of Each Disbursement this Period

1700.00

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

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

5792.50

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

### A. Darryl Bonner

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2014

Transaction ID : SB21B.15410

Amount of Each Disbursement this Period

1712.50

Full Name (Last, First, Middle Initial)

### B. Darryl Bonner

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2014

Transaction ID : SB21B.15411

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

### C. Darryl Bonner

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2014

Transaction ID : SB21B.15412

Amount of Each Disbursement this Period

987.50

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

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

5100.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : SB21B.15413**

Amount of Each Disbursement this Period

1160.00

Full Name (Last, First, Middle Initial)

**B. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2014

**Transaction ID : SB21B.15403**

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

**C. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2014

**Transaction ID : SB21B.15404**

Amount of Each Disbursement this Period

2400.00

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

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

5960.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2014

**Transaction ID : SB21B.15405**

Amount of Each Disbursement this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2014

**Transaction ID : SB21B.15414**

Amount of Each Disbursement this Period

1100.00

Full Name (Last, First, Middle Initial)

**C. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2014

**Transaction ID : SB21B.15406**

Amount of Each Disbursement this Period

2400.00

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

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

3727.50

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

### A. Darryl Bonner

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2014

Transaction ID : SB21B.15415

Amount of Each Disbursement this Period

1970.00

Category/  
Type

Full Name (Last, First, Middle Initial)

### B. Darryl Bonner

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot access petitioning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2014

Transaction ID : SB21B.15339

Amount of Each Disbursement this Period

2077.50

Category/  
Type

Full Name (Last, First, Middle Initial)

### C. Darryl Bonner

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot access petitioning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2014

Transaction ID : SB21B.15341

Amount of Each Disbursement this Period

2400.00

Category/  
Type

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

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

6447.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot access petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SB21B.15342**

Amount of Each Disbursement this Period

997.50

Full Name (Last, First, Middle Initial)

**B. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot access petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SB21B.15343**

Amount of Each Disbursement this Period

1575.00

Full Name (Last, First, Middle Initial)

**C. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot access petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2014

**Transaction ID : SB21B.15340**

Amount of Each Disbursement this Period

400.00

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

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

2972.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SB21B.15355

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : SB21B.15356

Amount of Each Disbursement this Period

1975.00

Full Name (Last, First, Middle Initial)

**C. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SB21B.15353

Amount of Each Disbursement this Period

1177.50

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

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

4652.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Darryl Bonner**

Mailing Address 5045 Rose Ave

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

**Transaction ID : SB21B.15354**

Amount of Each Disbursement this Period

1060.00
---------

Full Name (Last, First, Middle Initial)

**B. FedEx Office**

Mailing Address 1509 N. Veterans Pkwy

City Bloomington State IL Zip Code 61704

Purpose of Disbursement  
Brochures

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : SB21B.15302**

Amount of Each Disbursement this Period

702.66
--------

Full Name (Last, First, Middle Initial)

**C. Illinois State Board Of Elections**

Mailing Address 100 N. 1st Street

City Springfield State IL Zip Code 62777

Purpose of Disbursement  
Voter Registration Database

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

**Transaction ID : SB21B.15338**

Amount of Each Disbursement this Period

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

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

2262.66
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. KD Mailing & Fulfillment**

Mailing Address 6850 N Central Park Ave

City Lincolnwood State IL Zip Code 60712

Purpose of Disbursement  
Newsletter

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2014

Transaction ID : SB21B.15346

Amount of Each Disbursement this Period

1525.50

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement  
PayPal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2014

Transaction ID : SB21B.15290

Amount of Each Disbursement this Period

44.03

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement  
PayPal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2014

Transaction ID : SB21B.15291

Amount of Each Disbursement this Period

7.91

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

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

1577.44

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement  
PayPal fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2014

**Transaction ID : SB21B.15292**

Amount of Each Disbursement this Period

32.32

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement  
PayPal fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2014

**Transaction ID : SB21B.15293**

Amount of Each Disbursement this Period

28.33

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement  
PayPal fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SB21B.15294**

Amount of Each Disbursement this Period

9.49

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

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

70.14

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement  
PayPal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : SB21B.15295**

Amount of Each Disbursement this Period

59.05

**B. PayPal**

Full Name (Last, First, Middle Initial)

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement  
PayPal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB21B.15296**

Amount of Each Disbursement this Period

8.52

**C. Richard W. Reeves**

Full Name (Last, First, Middle Initial)

Mailing Address 1416 S. 12th  
PO Box 1601

City Pekin State IL Zip Code 61554

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2014

**Transaction ID : SB21B.15402**

Amount of Each Disbursement this Period

2210.00

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

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

2277.57

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Richard W. Reeves**

Mailing Address 1416 S. 12th  
PO Box 1601

City Pekin State IL Zip Code 61554

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.15349**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Richard W. Reeves**

Mailing Address 1416 S. 12th  
PO Box 1601

City Pekin State IL Zip Code 61554

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.15350**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kurt Rice**

Mailing Address 7801 S Drexel Ave.

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.15399**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Kurt Rice**

Mailing Address 7801 S Drexel Ave.

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 21 / 2014

**Transaction ID : SB21B.15401**

Amount of Each Disbursement this Period

925.00

Full Name (Last, First, Middle Initial)

**B. Kurt Rice**

Mailing Address 7801 S Drexel Ave.

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
05 / 01 / 2014

**Transaction ID : SB21B.15376**

Amount of Each Disbursement this Period

1230.00

Full Name (Last, First, Middle Initial)

**C. Kurt Rice**

Mailing Address 7801 S Drexel Ave.

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
05 / 06 / 2014

**Transaction ID : SB21B.15378**

Amount of Each Disbursement this Period

1550.00

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

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

3705.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Kurt Rice**

Mailing Address 7801 S Drexel Ave.

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.15381**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kurt Rice**

Mailing Address 7801 S Drexel Ave.

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.15384**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kurt Rice**

Mailing Address 7801 S Drexel Ave.

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.15386**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Kurt Rice**

Mailing Address 7801 S Drexel Ave.

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.15347**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kurt Rice**

Mailing Address 7801 S Drexel Ave.

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.15348**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Nathaniel Witmer**

Mailing Address 126 E. Wing St.  
Unit 217

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.15400**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Nathaniel Witmer**

Mailing Address 126 E. Wing St.  
Unit 217

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2014

Transaction ID : SB21B.15377

Amount of Each Disbursement this Period

1977.50

Full Name (Last, First, Middle Initial)

**B. Nathaniel Witmer**

Mailing Address 126 E. Wing St.  
Unit 217

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2014

Transaction ID : SB21B.15379

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Nathaniel Witmer**

Mailing Address 126 E. Wing St.  
Unit 217

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2014

Transaction ID : SB21B.15380

Amount of Each Disbursement this Period

2487.50

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

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

9465.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Libertarian Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Nathaniel Witmer**

Mailing Address 126 E. Wing St.  
Unit 217

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : SB21B.15382**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Nathaniel Witmer**

Mailing Address 126 E. Wing St.  
Unit 217

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2014

**Transaction ID : SB21B.15383**

Amount of Each Disbursement this Period

4595.00

Full Name (Last, First, Middle Initial)

**C. Nathaniel Witmer**

Mailing Address 126 E. Wing St.  
Unit 217

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2014

**Transaction ID : SB21B.15385**

Amount of Each Disbursement this Period

3545.00

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

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

13140.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 Party of Illinois**

Full Name (Last, First, Middle Initial)

**A. Nathaniel Witmer**

Mailing Address 126 E. Wing St.  
Unit 217

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

**Transaction ID : SB21B.15351**

Amount of Each Disbursement this Period

2555.00

Full Name (Last, First, Middle Initial)

**B. Nathaniel Witmer**

Mailing Address 126 E. Wing St.  
Unit 217

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
Ballot Access Petitioning

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : SB21B.15352**

Amount of Each Disbursement this Period

2437.50

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

4992.50

86375.31