



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

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="2012"/>		311789.84
(b) Cash on Hand at Beginning of Reporting Period.....	352294.31	
(c) Total Receipts (from Line 19) .....	132111.10	269245.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	484405.41	581035.01
7. Total Disbursements (from Line 31).....	74883.07	171512.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	409522.34	409522.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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 NATIONAL COMMITTEE, INC.**

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).....	66730.00	125963.00
(ii) Unitemized .....	65224.95	142730.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	131954.95	268693.85
(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) .....	131954.95	268693.85
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).....	156.15	551.32
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 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))..... ▶	132111.10	269245.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	132111.10	269245.17

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	74488.07	167397.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	74488.07	167397.67
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 .....	395.00	4115.00
(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)).....	395.00	4115.00
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)) ..	74883.07	171512.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74883.07	171512.67

**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) .....	131954.95	268693.85
34. Total Contribution Refunds (from Line 28(d)) .....	395.00	4115.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	131559.95	264578.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	74488.07	167397.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	156.15	551.32
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	74331.92	166846.35

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

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.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 81  
(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.**

Full Name (Last, First, Middle Initial)  
**A. Mr. Richard Ames**

Mailing Address 604 6th St N

City Wahpeton      State ND      Zip Code 58075-3857

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

Name of Employer MinnDak Yeast Co      Occupation Plant Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-80.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2012  
**Transaction ID : SA11AI.53531**

Amount of Each Receipt this Period  
80.00

Contribution

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

Mailing Address 19 Gateview Dr

City Fallbrook      State CA      Zip Code 92028-9232

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 ▼  
565.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.53550**

Amount of Each Receipt this Period  
395.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Mr. Frank F. Atwood**

Mailing Address 7094 S Costilla St

City Littleton      State CO      Zip Code 80120-3518

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 ▼  
455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2012  
**Transaction ID : SA11AI.53566**

Amount of Each Receipt this Period  
395.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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 8 OF 81
<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.**

Full Name (Last, First, Middle Initial)  
**A. Mett B. Ausley Jr.**

Mailing Address 3412 Waccamaw Shores Rd

City Lake Waccamaw	State NC	Zip Code 28450-9442
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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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2012

**Transaction ID : SA11AI.53571**

Amount of Each Receipt this Period  
300.00

Contribution

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

Mailing Address 867 Yorkshire Ln

City Newport News	State VA	Zip Code 23608-9327
----------------------	-------------	------------------------

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

Name of Employer DOD	Occupation Program Analyst
-------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2012

**Transaction ID : SA11AI.53595**

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 1647 Willow Pass Rd # 210

City Concord	State CA	Zip Code 94520-2611
-----------------	-------------	------------------------

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

Name of Employer VACO	Occupation Project Manager
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
445.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

**Transaction ID : SA11AI.53598**

Amount of Each Receipt this Period  
445.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1745.00
<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 81
	<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.**

Full Name (Last, First, Middle Initial)  
**A. Jerilyn K. Barthel**

Mailing Address 5524 Jessamine St

City Houston State TX Zip Code 77081-6624

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

Name of Employer Jerilyn K. Barthel, CPA Occupation Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2012  
**Transaction ID : SA11AI.53611**

Amount of Each Receipt this Period  
800.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Dr. Steven G.T. Becker**

Mailing Address 418 Helendale Rd

City Rochester State NY Zip Code 14609-3108

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

Name of Employer Self Employed Occupation Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2012  
**Transaction ID : SA11AI.53638**

Amount of Each Receipt this Period  
395.00

Contribution

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

Mailing Address 120 Christopher Rd

City Columbus State MS Zip Code 39705-3236

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

Name of Employer North American Tie and Timber Occupation Procurement Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : SA11AI.53646**

Amount of Each Receipt this Period  
395.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 81  
(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.**

Full Name (Last, First, Middle Initial)  
**A. Sheri T. Bedwell**

Mailing Address 120 Christopher Rd

City Columbus State MS Zip Code 39705-3236

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 ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : SA11AI.53644**

Amount of Each Receipt this Period  
395.00

Contribution

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

Mailing Address 17059 State Road 38

City Hagerstown State IN Zip Code 47346-9780

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

Name of Employer Occupation  
Self Employed Contractor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI.53659**

Amount of Each Receipt this Period  
395.00

Contribution

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

Mailing Address 17059 State Road 38

City Hagerstown State IN Zip Code 47346-9780

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

Name of Employer Occupation  
Merchant/Judge Builder

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI.53656**

Amount of Each Receipt this Period  
395.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1185.00

**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 11 OF 81
	<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.**

Full Name (Last, First, Middle Initial)  
**A. Ms. Ruth E. Bennett**

Mailing Address 1449 S Abrego Dr

City Green Valley State AZ Zip Code 85614-1501

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

Name of Employer Funeral Consumers Alliance of Southern Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 07 / 2012**

**Transaction ID : SA11AI.53661**

Amount of Each Receipt this Period  
**395.00**

Contribution

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

Mailing Address 9 Lantern Cir

City Parkton State MD Zip Code 21120-9477

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

Name of Employer Webb & Blitz, LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 24 / 2012**

**Transaction ID : SA11AI.53712**

Amount of Each Receipt this Period  
**395.00**

Contribution

Full Name (Last, First, Middle Initial)  
**C. Mr. John M. Bowers**

Mailing Address 9418 Flanders St NE

City Minneapolis State MN Zip Code 55449-5638

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

Name of Employer Wells Fargo & Co Occupation Retired senior counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : SA11AI.53744**

Amount of Each Receipt this Period  
**395.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1185.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 81
	<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. Judy Bowers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9418 Flanders St NE

City Minneapolis	State MN	Zip Code 55449-5638
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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 ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

**Transaction ID : SA11AI.53742**

Amount of Each Receipt this Period  
395.00

Contribution

**B. Joyce A. Bryans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6191 Del Cerro Blvd

City San Diego	State CA	Zip Code 92120-4601
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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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2012

**Transaction ID : SA11AI.53805**

Amount of Each Receipt this Period  
300.00

Contribution

**C. Mr. Martin L. Buchanan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 545 Broadway # 31

City Denver	State CO	Zip Code 80203-3405
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Software Developer/Writer
-----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.53807**

Amount of Each Receipt this Period  
395.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1090.00
<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 81
	<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. Mr. Mark R. Burris**  
Full Name (Last, First, Middle Initial)

Mailing Address 5430 S Franklin Rd

City Indianapolis State IN Zip Code 46239-9646

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

Name of Employer Burris Eng., Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : SA11AI.53833**

Amount of Each Receipt this Period 395.00

Contribution

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

Mailing Address 560 Cody Pass

City Cincinnati State OH Zip Code 45215-2521

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

Name of Employer Tri-State Marketing, Inc. Occupation Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : SA11AI.53847**

Amount of Each Receipt this Period 395.00

Contribution

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

Mailing Address 5395 Napa St Apt 341

City San Diego State CA Zip Code 92110-2652

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

Name of Employer US Navy Occupation Military

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2012  
**Transaction ID : SA11AI.53850**

Amount of Each Receipt this Period 250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1040.00

**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 OF 81  
(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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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. Donald E. Casto II**  
Full Name (Last, First, Middle Initial)  
Mailing Address 814 4th St  
City Lancaster State OH Zip Code 43130-4617  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Drew Shoes Occupation Warehouse Clerk  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2012  
**Transaction ID : SA11AI.53888**  
Amount of Each Receipt this Period 250.00  
Contribution

**B. Thomas A. Chervenak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5573 Beverly Square Way  
City Knoxville State TN Zip Code 37918-3676  
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 ▼ 300.00

Date of Receipt 02 / 10 / 2012  
**Transaction ID : SA11AI.53915**  
Amount of Each Receipt this Period 300.00  
Contribution

**C. Admiral Michael C. Colley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 444 Magnolia Dr  
City Gulf Shores State AL Zip Code 36542-4408  
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 ▼ 400.00

Date of Receipt 02 / 02 / 2012  
**Transaction ID : SA11AI.53946**  
Amount of Each Receipt this Period 150.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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 15 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Mr. William Charles Collins</b>		Date of Receipt
Mailing Address 505 Mallory Ct		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
El Paso	TX	79912-4228
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.53948</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="395.00"/>
Name of Employer	Occupation	Contribution
EPIPG/Self	Healthcare Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="595.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Susan M. Cox</b>		Date of Receipt
Mailing Address 931 Baird Ln NE		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Rochester	MN	55906-8322
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.53986</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	Contribution
IBM	Computer Engineer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. James E. Curtis II</b>		Date of Receipt
Mailing Address 579 Botetourt Rd Apt 2		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fincastle	VA	24090-3145
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.54024</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="445.00"/>
Name of Employer	Occupation	Contribution
Preston Morris & Co	Accountant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="445.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1840.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 81
	<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.**

Full Name (Last, First, Middle Initial)  
**A. Joseph W. Dehn III**

Mailing Address PO Box 20372

City State Zip Code  
Stanford CA 94309-0372

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 ▼  
**395.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 16 / 2012**

**Transaction ID : SA11AI.54061**

Amount of Each Receipt this Period  
**395.00**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael De Mello**

Mailing Address 20225 County Road 33

City State Zip Code  
Groveland FL 34736-9578

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

Name of Employer Occupation  
Self Employed Financial Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 02 / 2012**

**Transaction ID : SA11AI.54051**

Amount of Each Receipt this Period  
**200.00**

Contribution

Full Name (Last, First, Middle Initial)  
**C. Mr. Jerry L. Dixon**

Mailing Address 9450 Cuyamaca St Ste 103

City State Zip Code  
Santee CA 92071-5917

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

Name of Employer Occupation  
Jerry L. Dixon CPA, Inc.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**395.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 16 / 2012**

**Transaction ID : SA11AI.54091**

Amount of Each Receipt this Period  
**395.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **990.00**

**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 OF 81  
(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.**

Full Name (Last, First, Middle Initial)  
**A. Patrick J. Dixon**  
Mailing Address 5002 Sundown St  
City State Zip Code  
Lago Vista TX 78645-6066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
DPAS INC Consultant  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
495.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2012  
**Transaction ID : SA11AI.54089**  
Amount of Each Receipt this Period  
395.00  
Contribution

Full Name (Last, First, Middle Initial)  
**B. Michael L. Donahue**  
Mailing Address 8405 Wyatt Way NE  
City State Zip Code  
Bainbridge Island WA 98110-1715  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Employed Atty - At - Law  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2012  
**Transaction ID : SA11AI.54097**  
Amount of Each Receipt this Period  
250.00  
Contribution

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael S. Dorris**  
Mailing Address 7667 Via Cortona  
City State Zip Code  
San Diego CA 92127-3823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
HCP, Inc. Real Estate  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2012  
**Transaction ID : SA11AI.54102**  
Amount of Each Receipt this Period  
250.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 895.00  
**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 18 OF 81
	<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. Mr. Duane W. Dossinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 2198 County Road 95

City Florence State CO Zip Code 81226-9513

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  
02 / 22 / 2012  
**Transaction ID : SA11AI.54105**

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 4150 Trim Tree Dr

City Morganton State NC Zip Code 28655-8431

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 ▼ -1910.00

Date of Receipt  
02 / 02 / 2012  
**Transaction ID : SA11AI.54194**

Amount of Each Receipt this Period  
45.00

Contribution

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

Mailing Address 4142 E Via Estrella

City Phoenix State AZ Zip Code 85028-4516

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

Name of Employer LCF Systems, INC Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 14 / 2012  
**Transaction ID : SA11AI.54242**

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 795.00

**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 19 OF 81
	<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.**

Full Name (Last, First, Middle Initial)  
**A. Craig Franklin**

Mailing Address 30 W Sola St

City	State	Zip Code
Santa Barbara	CA	93101-2508

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

Name of Employer	Occupation
Green Hills Software	Senior Vice-President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2012

**Transaction ID : SA11AI.54272**

Amount of Each Receipt this Period  

395.00
--------

**Contribution**

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

Mailing Address 7137 Silver Crest Dr

City	State	Zip Code
Cincinnati	OH	45236-3620

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

Name of Employer	Occupation
Premer System Intergrators	Automation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

**Transaction ID : SA11AI.54281**

Amount of Each Receipt this Period  

445.00
--------

**Contribution**

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert David Garrard**

Mailing Address 2287 N 300th Rd

City	State	Zip Code
Edgerton	KS	66021-4001

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

Name of Employer	Occupation
Aeroflex	Technician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2012

**Transaction ID : SA11AI.54315**

Amount of Each Receipt this Period  

395.00
--------

**Contribution**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1235.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 81  
(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.**

Full Name (Last, First, Middle Initial)  
**A. June R. Genis**

Mailing Address 142 Rainbow Dr # 4275

City Livingston	State TX	Zip Code 77399-1042
--------------------	-------------	------------------------

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 ▼  
565.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : SA11AI.54332**

Amount of Each Receipt this Period  
395.00

Contribution

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

Mailing Address 8220 David Hwy

City Lyons	State MI	Zip Code 48851-9755
---------------	-------------	------------------------

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

Name of Employer Presort Services, Inc.	Occupation Bus. Owner
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2012  
**Transaction ID : SA11AI.54349**

Amount of Each Receipt this Period  
120.00

Contribution

Full Name (Last, First, Middle Initial)  
**c. Mary T. Gingell**

Mailing Address 853 Fielding Dr

City Palo Alto	State CA	Zip Code 94303-3646
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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 ▼  
395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI.54353**

Amount of Each Receipt this Period  
395.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	910.00
<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 21 OF 81
	<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.**

Full Name (Last, First, Middle Initial)  
**A. Mark A. Grannis**

Mailing Address 7108 Beechwood Dr

City	State	Zip Code
Chevy Chase	MD	20815-5174

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 ▼ **615.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

**Transaction ID : SA11AI.54415**

Amount of Each Receipt this Period  

445.00
--------

Contribution

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

Mailing Address 8600 Howe Rd

City	State	Zip Code
Wonder Lake	IL	60097-8100

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

Name of Employer	Occupation
Self employed	Restaurant owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2012

**Transaction ID : SA11AI.54425**

Amount of Each Receipt this Period  

395.00
--------

Contribution

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

Mailing Address 3253 Mannington Dr

City	State	Zip Code
Charlotte	NC	28270-2270

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

Name of Employer	Occupation
KLG Enterprises	Marketing Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2012

**Transaction ID : SA11AI.54447**

Amount of Each Receipt this Period  

395.00
--------

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1235.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 81
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Kevin L. Gulbranson**

Mailing Address 3253 Mannington Dr

City Charlotte State NC Zip Code 28270-2270

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

Name of Employer KLG Enterprises Occupation Marketing Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **02 / 17 / 2012**

**Transaction ID : SA11AI.54448**

Amount of Each Receipt this Period **25.00**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. William W. Hall**

Mailing Address 11002 Stegman Forest Ct NE

City Rockford State MI Zip Code 49341-8742

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

Name of Employer Warner Norcross & Judd LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt **02 / 15 / 2012**

**Transaction ID : SA11AI.54478**

Amount of Each Receipt this Period **395.00**

Contribution

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

Mailing Address 1010 N Tennessee St Ste 215

City Cartersville State GA Zip Code 30120-8528

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

Name of Employer Advocates for Self Gov't Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt **02 / 16 / 2012**

**Transaction ID : SA11AI.54498**

Amount of Each Receipt this Period **395.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **815.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE, INC.**

**A. Joseph Hassen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1736 Evening Bluff Pl  
 City North Las Vegas State NV Zip Code 89084-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Security Technology Occupation Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2012  
**Transaction ID : SA11AI.54514**  
 Amount of Each Receipt this Period  
 395.00  
 Contribution

**B. Joseph A. Hauptmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1521 Waterford Dr  
 City Zionsville State IN Zip Code 46077-3818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Not Employed Occupation Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.54521**  
 Amount of Each Receipt this Period  
 395.00  
 Contribution

**C. Gregory T. Hertzsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Hills Dr  
 City Clarksville State IN Zip Code 47129-2539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vivid Impact, Inc. Occupation Driver  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI.54555**  
 Amount of Each Receipt this Period  
 395.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1185.00
<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 24 OF 81
	<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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Larkin Hicks</b>		Date of Receipt
Mailing Address 11376 E Caribbean Ln		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Scottsdale	AZ	85255-8945
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self Employed	Educational Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : SA11AI.54566
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>B. Robert Hirsch</b>		Date of Receipt
Mailing Address 505 N Lake Shore Dr Apt 5910		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60611-3411
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Gold Eagle Co.	Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : SA11AI.54582
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>C. Pamela J. Hoiles</b>		Date of Receipt
Mailing Address 25 Hillside Rd		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Greenwich	CT	06830-4834
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : SA11AI.54605
		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 81
	<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. Mr. Brian Holtz**  
Full Name (Last, First, Middle Initial)

Mailing Address 12800 La Cresta Dr

City Los Altos Hills State CA Zip Code 94022-2539

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

Name of Employer Kabam Occupation Software Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2012**

**Transaction ID : SA11AI.54612**

Amount of Each Receipt this Period  
**395.00**

Contribution

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

Mailing Address 3248 Hill Valley St

City Las Vegas State NV Zip Code 89129-8112

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

Name of Employer BGI Occupation Instructor Pilot

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2012**

**Transaction ID : SA11AI.54618**

Amount of Each Receipt this Period  
**395.00**

Contribution

**C. Ms. Barbara J. Howe**  
Full Name (Last, First, Middle Initial)

Mailing Address 5046 Tar Hill Dr

City Oxford State NC Zip Code 27565-5416

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 ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : SA11AI.54636**

Amount of Each Receipt this Period  
**395.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1185.00**

**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 26 OF 81
	<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. Mr. Tom L. Howe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5046 Tar Hill Dr  
 City Oxford State NC Zip Code 27565-5416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IBM Programmer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI.54634**  
 Amount of Each Receipt this Period  
 395.00  
 Contribution

**B. Mr. John M. Inks Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 Showers Dr Apt W314  
 City Mountain View State CA Zip Code 94040-1479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 City of Mountain View, California Politician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : SA11AI.54670**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C. James J. Jensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10807 Kuralei Dr  
 City Jacksonville State FL Zip Code 32246-2418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Outside Machinist Maritime Mechanical Ser  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : SA11AI.54689**  
 Amount of Each Receipt this Period  
 395.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1790.00  
**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 27 OF 81
	<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. Gary Edward Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Parker Ln Apt 134  
 City Austin State TX Zip Code 78741-3849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : SA11AI.54696**  
 Amount of Each Receipt this Period 395.00  
 Contribution

**B. John J. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32646 Coastsite Dr Unit H  
 City Rancho Palos Verdes State CA Zip Code 90275-6912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 retired Archivist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt 02 / 21 / 2012  
**Transaction ID : SA11AI.54718**  
 Amount of Each Receipt this Period 395.00  
 Contribution

**C. Mr. Daniel M. Karlan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 97 Manhattan Ave  
 City Waldwick State NJ Zip Code 07463-2228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Self employed Author  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : SA11AI.54750**  
 Amount of Each Receipt this Period 395.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1185.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 28 OF 81  
(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.**

Full Name (Last, First, Middle Initial)  
**A. John Karr**

Mailing Address 215 E Allen St

City Philadelphia	State PA	Zip Code 19125-4103
----------------------	-------------	------------------------

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

Name of Employer American College of Physicians	Occupation Web Administrator
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.54754**

Amount of Each Receipt this Period  
395.00

Contribution

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

Mailing Address 310 W Wayne Pl

City Wheeling	State IL	Zip Code 60090-4637
------------------	-------------	------------------------

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

Name of Employer Howard Simon & Associates, Inc	Occupation Retirement Plan Administr
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2012

**Transaction ID : SA11AI.54757**

Amount of Each Receipt this Period  
850.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Mr. Greg John Kerkow**

Mailing Address 1941 Francis Ct

City Shakopee	State MN	Zip Code 55379-4314
------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Investor
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2012

**Transaction ID : SA11AI.54773**

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2245.00
<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 29 OF 81
	<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.**

Full Name (Last, First, Middle Initial) <b>A. Mr. Victor Kocher</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : SA11AI.54822</b>
Mailing Address 85 Inway Dr		Amount of Each Receipt this Period 395.00
City Columbia	State SC	Zip Code 29223-5417
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Palmetto Gold & Pawn	Occupation Pawn Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>B. John R. Kuhn</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 <b>Transaction ID : SA11AI.54845</b>
Mailing Address 42 Church St		Amount of Each Receipt this Period 200.00
City Charleston	State SC	Zip Code 29401-2742
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Kuhn & Kuhn, LLC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. James W. Lark III</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2012 <b>Transaction ID : SA11AI.54881</b>
Mailing Address PO Box 274		Amount of Each Receipt this Period 395.00
City Free Union	State VA	Zip Code 22940-0274
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer University of Virginia	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	990.00
<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 30 OF 81
	<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. James Robert Latham J.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3143 S 840 E # 420  
 City Saint George State UT Zip Code 84790-8484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Robert Latham, J.D., P.L.L.C. Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **395.00**

Date of Receipt **02 / 24 / 2012**  
**Transaction ID : SA11AI.54889**  
 Amount of Each Receipt this Period **395.00**  
 Contribution

**B. Andrew LeCureaux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1033  
 City Hazel Park State MI Zip Code 48030-6033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Appliance Installer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **445.00**

Date of Receipt **02 / 16 / 2012**  
**Transaction ID : SA11AI.54899**  
 Amount of Each Receipt this Period **395.00**  
 Contribution

**C. Martin B. Lessans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Weybridge Ct  
 City Severna Park State MD Zip Code 21146-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Passport Health, Inc Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 24 / 2012**  
**Transaction ID : SA11AI.54914**  
 Amount of Each Receipt this Period **150.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>940.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 81
	<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. Bruce L. Levin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HC 32 Box 330  
 City Quemado State NM Zip Code 87829-9604  
 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 ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : SA11AI.54918**  
 Amount of Each Receipt this Period  
 395.00  
 Contribution

**B. Elisheva Levin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HC 32 Box 330  
 City Quemado State NM Zip Code 87829-9604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of New Mexioc Graduate Assistantship  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : SA11AI.54920**  
 Amount of Each Receipt this Period  
 395.00  
 Contribution

**C. Mr. Michael G. Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 Yale Ave  
 City Richmond Heights State MO Zip Code 63117-2342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI.54924**  
 Amount of Each Receipt this Period  
 395.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1185.00
<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 32 OF 81
	<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.**

Full Name (Last, First, Middle Initial)  
**A. Ms. Alice J. Lillie**

Mailing Address 50 Emery St # 4E

City Pahrump	State NV	Zip Code 89048-4668
-----------------	-------------	------------------------

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 ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.54929**

Amount of Each Receipt this Period  
395.00

Contribution

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

Mailing Address 74 Tyler Ter

City Newton Center	State MA	Zip Code 02459-1814
-----------------------	-------------	------------------------

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2012

**Transaction ID : SA11AI.54942**

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 12800 La Cresta Dr

City Los Altos Hills	State CA	Zip Code 94022-2539
-------------------------	-------------	------------------------

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

Name of Employer Kabam	Occupation Software Engineer
---------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2012

**Transaction ID : SA11AI.54986**

Amount of Each Receipt this Period  
395.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1290.00
<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 33 OF 81
	<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.**

Full Name (Last, First, Middle Initial) <b>A. Hardy A. Macia III</b>		Date of Receipt
Mailing Address PO Box 343		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Tilton	NH	03276-0343
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.54999</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Software Developer	<input type="text" value="395.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="395.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Heidi Macia</b>		Date of Receipt
Mailing Address PO Box 343		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Tilton	NH	03276-0343
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.54997</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Information Requested	Information Requested	<input type="text" value="395.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="395.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. David Macko</b>		Date of Receipt
Mailing Address 28810 Cannon Rd		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Solon	OH	44139-1556
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.55001</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Retired	Retired	<input type="text" value="395.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="405.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1185.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 81
	<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. Mr. David Macko**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28810 Cannon Rd  
City Solon State OH Zip Code 44139-1556  
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 **415.00**

Date of Receipt **02 / 24 / 2012**  
**Transaction ID : SA11AI.55002**  
Amount of Each Receipt this Period **100.00**  
Contribution

**B. Dr. Jaime J. Marcio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2428 Upas Ave Apt 10  
City McAllen State TX Zip Code 78501-6456  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Texas College Occupation Teacher  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 02 / 2012**  
**Transaction ID : SA11AI.55032**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**C. Mr. David R. Mason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2234 E Crosby Rd  
City Carrollton State TX Zip Code 75006-7744  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Verizon Wireless Occupation Telecom Engineer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **395.00**

Date of Receipt **02 / 17 / 2012**  
**Transaction ID : SA11AI.55066**  
Amount of Each Receipt this Period **395.00**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1405.00**  
**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 36 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Mr. William R. Millard</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 <b>Transaction ID : SA11AI.55171</b>
Mailing Address PO Box 9		Amount of Each Receipt this Period 150.00
City Garrett Park	State MD	Zip Code 20896-0009
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self Employed	Occupation Construction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. John Mills</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : SA11AI.55186</b>
Mailing Address 3713 N 22nd St		Amount of Each Receipt this Period 395.00
City Tacoma	State WA	Zip Code 98406-5305
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self-Employed	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>C. Julie Mills</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : SA11AI.55185</b>
Mailing Address 705 S 9th St Ste 303		Amount of Each Receipt this Period 395.00
City Tacoma	State WA	Zip Code 98405-4600
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 ▼ 395.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	940.00
<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 37 OF 81
	<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. Mr. Stephen W. Modzelewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1578 River Rd  
 City New Hope State PA Zip Code 18938-9267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Watermard Group Occupation Computer Programmer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 02 / 2012**  
**Transaction ID : SA11AI.55199**  
 Amount of Each Receipt this Period **150.00**  
 Contribution

**B. Mr. Chuck Moulton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4220 Hunt Club Cir Apt 811  
 City Fairfax State VA Zip Code 22033-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Villanova Law School Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **595.00**

Date of Receipt **02 / 24 / 2012**  
**Transaction ID : SA11AI.55241**  
 Amount of Each Receipt this Period **395.00**  
 Contribution

**C. George W. Mowbray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3649 Burton Ln  
 City Lake Charles State LA Zip Code 70605-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lake Charles Pilots, Inc. Occupation River Pilot  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 02 / 2012**  
**Transaction ID : SA11AI.55243**  
 Amount of Each Receipt this Period **150.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>695.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 81
	<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. Mr. William G. Murphey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7047 S Stratton Ln  
 City Gurnee State IL Zip Code 60031-5218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : SA11AI.55252**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution

**B. Kathleen Nackley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5321  
 City Manchester State NH Zip Code 03108-5321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : SA11AI.55270**  
 Amount of Each Receipt this Period  
 395.00  
 Contribution

**C. Mr. Larry Nicholas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2618 Huron St  
 City Bellingham State WA Zip Code 98226-4117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Accurate Lak & Security Locksmith  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.55290**  
 Amount of Each Receipt this Period  
 395.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1040.00
<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 39 OF 81
	<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. Elizabeth T. Nolan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6432 E Sun Cir  
 City Tucson State AZ Zip Code 85750-1932  
 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 ▼ 395.00

Date of Receipt 02 / 16 / 2012  
**Transaction ID : SA11AI.55299**  
 Amount of Each Receipt this Period 395.00  
 Contribution

**B. Sean T. O'Toole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3425 Gladstone Blvd  
 City Kansas City State MO Zip Code 64123-1112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Derivatives Trading  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 02 / 27 / 2012  
**Transaction ID : SA11AI.55354**  
 Amount of Each Receipt this Period 395.00  
 Contribution

**c. Mr. Robert Odden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 42 1/2 Ave NE  
 City Columbia Heights State MN Zip Code 55421-3162  
 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 ▼ 455.00

Date of Receipt 02 / 21 / 2012  
**Transaction ID : SA11AI.55323**  
 Amount of Each Receipt this Period 395.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1185.00
<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 40 OF 81
(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.**

Full Name (Last, First, Middle Initial)  
**A. Mr. Norman T. Olsen**

Mailing Address 7931 S Broadway # 102

City	State	Zip Code
Littleton	CO	80122-2710

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

Name of Employer	Occupation
Autodesk	Software Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : SA11AI.55339**

Amount of Each Receipt this Period  
**395.00**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. Jeffory A. Orrok**

Mailing Address 161 Del Mar Cir

City	State	Zip Code
Aurora	CO	80011-8220

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

Name of Employer	Occupation
Self Employed	Web Hosting & Design

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11AI.55347**

Amount of Each Receipt this Period  
**395.00**

Contribution

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

Mailing Address 173 Wellington Pkwy

City	State	Zip Code
Noblesville	IN	46060-4210

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

Name of Employer	Occupation
Self Employed	Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : SA11AI.55438**

Amount of Each Receipt this Period  
**395.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1185.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 81
	<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.**

Full Name (Last, First, Middle Initial) <b>A. Michele R. Poague</b>		Date of Receipt
Mailing Address 21079 E Mineral Dr		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Aurora	CO	80016-1927
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.55442</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Bavaria Inn	Manager	<input type="text" value="395.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="445.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Kathleen Fox Polizzi</b>		Date of Receipt
Mailing Address 8600 Howe Rd		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Wonder Lake	IL	60097-8100
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.55448</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Homemaker	<input type="text" value="395.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="395.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Pamela P. Potter</b>		Date of Receipt
Mailing Address 538 Spring Place Rd NE		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
White	GA	30184-2232
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.55460</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Retired	Retired	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1290.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 42 OF 81
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1395.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2012  
**Transaction ID : SA11AI.55461**

Amount of Each Receipt this Period  
395.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Rob N. Power III**

Mailing Address 411 W 48th St Apt 1FW

City State Zip Code  
New York NY 10036-9111

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

Name of Employer Occupation  
Astadia Technical Architect

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2012  
**Transaction ID : SA11AI.55465**

Amount of Each Receipt this Period  
395.00

Contribution

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

Mailing Address 7604 E Autumn Leaf Dr

City State Zip Code  
Tucson AZ 85756-6130

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

Name of Employer Occupation  
Mission Linen Supply Environmental Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2012  
**Transaction ID : SA11AI.55489**

Amount of Each Receipt this Period  
395.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1185.00
<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 43 OF 81
	<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	<input type="checkbox"/> 17

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

**A. Mr. William B. Redpath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 Anthony Ct SE  
 City Leesburg State VA Zip Code 20175-5629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BIA Financial Network, Inc. Occupation Financial Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt 02 / 17 / 2012  
**Transaction ID : SA11AI.55507**  
 Amount of Each Receipt this Period 395.00  
 Contribution

**B. Mr. Michael J. Rollins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 Douglas Ave Apt 304  
 City North Providence State RI Zip Code 02904-3857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skyworld Interactive Occupation Web Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt 02 / 27 / 2012  
**Transaction ID : SA11AI.55567**  
 Amount of Each Receipt this Period 395.00  
 Contribution

**C. Mr. James P. Rongstad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6207 13th Ave NW  
 City Rochester State MN Zip Code 55901-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ramsey County Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 417.00

Date of Receipt 02 / 29 / 2012  
**Transaction ID : SA11AI.55571**  
 Amount of Each Receipt this Period 395.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1185.00  
**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 44 OF 81
	<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.**

Full Name (Last, First, Middle Initial) <b>A. Mr. Chris J. Rufer</b>		Date of Receipt
Mailing Address 724 Main St		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Woodland	CA	95695-3407
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.55588</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15000.00"/>
Name of Employer	Occupation	Contribution
The Morning Star Company	Agriculturalist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="15000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John Rutherford</b>		Date of Receipt
Mailing Address 229 Carlin Dr		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Carmel	IN	46032-2230
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.55603</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="395.00"/>
Name of Employer	Occupation	Contribution
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="395.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Laura E. Rutherford</b>		Date of Receipt
Mailing Address 229 Carlin Dr		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Carmel	IN	46032-2230
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.55604</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="395.00"/>
Name of Employer	Occupation	Contribution
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="395.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="15790.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 81
	<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.**

Full Name (Last, First, Middle Initial) <b>A. BetteRose Ryan</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2012 <b>Transaction ID : SA11AI.55607</b>
Mailing Address 4404 S Arden Ave		Amount of Each Receipt this Period 395.00
City Sioux Falls	State SD	Zip Code 57103-5219
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Denver LP con.2008 LLC	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. R. Anthony Ryan</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2012 <b>Transaction ID : SA11AI.55609</b>
Mailing Address 4404 S Arden Ave		Amount of Each Receipt this Period 395.00
City Sioux Falls	State SD	Zip Code 57103-5219
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Denver Police Dept.	Occupation Law Enforcement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Emily H. Salvette</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : SA11AI.55620</b>
Mailing Address 2016 Devonshire Rd		Amount of Each Receipt this Period 395.00
City Ann Arbor	State MI	Zip Code 48104-4058
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer University of MI	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1185.00
<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 46 OF 81
	<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.**

Full Name (Last, First, Middle Initial)  
**A. Diane Sawyer**

Mailing Address 19 Gateview Dr

City Fallbrook	State CA	Zip Code 92028-9232
-------------------	-------------	------------------------

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

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 ▼ <b>565.00</b>

Date of Receipt  
**02 / 15 / 2012**

**Transaction ID : SA11AI.55633**

Amount of Each Receipt this Period  
**395.00**

Contribution

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

Mailing Address 34 County Road 249

City Glen	State MS	Zip Code 38846-9786
--------------	-------------	------------------------

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

Name of Employer Aramark Corporation	Occupation BMET
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>395.00</b>

Date of Receipt  
**02 / 24 / 2012**

**Transaction ID : SA11AI.55638**

Amount of Each Receipt this Period  
**395.00**

Contribution

Full Name (Last, First, Middle Initial)  
**C. Mr. John R. Seydel**

Mailing Address 1027 Peachtree Battle Ave NW

City Atlanta	State GA	Zip Code 30327-1317
-----------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>350.00</b>

Date of Receipt  
**02 / 27 / 2012**

**Transaction ID : SA11AI.55708**

Amount of Each Receipt this Period  
**350.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 81
	<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. John M. Shuey**  
Full Name (Last, First, Middle Initial)

Mailing Address 4457 Young Dr

City Carrollton State TX Zip Code 75010-1145

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

Name of Employer Student Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.55737**

Amount of Each Receipt this Period  
 395.00

Contribution

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

Mailing Address 4457 Young Dr

City Carrollton State TX Zip Code 75010-1145

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

Name of Employer Student Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.55739**

Amount of Each Receipt this Period  
 395.00

Contribution

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

Mailing Address 585 Brougham Rd

City Robins State IA Zip Code 52328-9800

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

Name of Employer Inteconnect, Inc. Occupation Network Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI.55748**

Amount of Each Receipt this Period  
 395.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1185.00

**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 48 OF 81  
(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.**

Full Name (Last, First, Middle Initial)  
**A. Walter M. Simons**

Mailing Address 519 Normandy Ln

City State Zip Code  
Barrington IL 60010-1030

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 ▼  
395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : SA11AI.55761**

Amount of Each Receipt this Period  
395.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. Todd R. Singer**

Mailing Address 2244 Westmere Dr

City State Zip Code  
Plainfield IN 46168-6798

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

Name of Employer Occupation  
Maplehurst Bakeries LLC Accountant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI.55768**

Amount of Each Receipt this Period  
395.00

Contribution

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

Mailing Address 2903 Bishop Rd

City State Zip Code  
Jeffersonville IN 47130-8831

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

Name of Employer Occupation  
Humana, Inc. Technology Application Architect

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
445.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI.55772**

Amount of Each Receipt this Period  
395.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1185.00

**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 49 OF 81
	<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.**

Full Name (Last, First, Middle Initial) <b>A. Ms. Rebecca S. Sink-Burris</b>		Date of Receipt
Mailing Address 1992 Bryants Crk		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bloomington	IN	47408-9735
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.55773
Self Employed	Teacher	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="415.00"/>	<input type="text" value="395.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>B. Ms. Rebecca S. Sink-Burris</b>		Date of Receipt
Mailing Address 1992 Bryants Crk		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bloomington	IN	47408-9735
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.55774
Self Employed	Teacher	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="435.00"/>	<input type="text" value="20.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>C. Scott Spencer</b>		Date of Receipt
Mailing Address 424 Whitridge Ave		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Baltimore	MD	21218-4435
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.55842
Johns Hopkins University	Programmer/Analyst	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="565.00"/>	<input type="text" value="395.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="810.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 81
	<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.**

Full Name (Last, First, Middle Initial) <b>A. Dr. Cisse Spragins</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2012 <b>Transaction ID : SA11AI.55848</b>
Mailing Address 3425 Gladstone Blvd		Amount of Each Receipt this Period 395.00
City Kansas City	State MO	Zip Code 64123-1112
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Rockwell Lab Ltd.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. John Stagliano</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2012 <b>Transaction ID : SA11AI.55855</b>
Mailing Address 9939 Columbus Ave		Amount of Each Receipt this Period 445.00
City Mission Hills	State CA	Zip Code 91345-3046
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 ▼ 445.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Tom Sweeney</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 <b>Transaction ID : SA11AI.55925</b>
Mailing Address PO Box 5321		Amount of Each Receipt this Period 395.00
City Manchester	State NH	Zip Code 03108-5321
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1235.00
<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 51 OF 81
	<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. Bruce Taton**  
Full Name (Last, First, Middle Initial)

Mailing Address 5168 S Memphis Ct

City Centennial State CO Zip Code 80015-4164

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

Name of Employer Kodiak Oil & Gas Corp Occupation Vice President of Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2012  
Transaction ID : SA11AI.55940

Amount of Each Receipt this Period 250.00

Contribution

**B. Mr. Joseph P. Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 7474 E Arkansas Ave Apt 3010

City Denver State CO Zip Code 80231-2546

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 ▼ 455.00

Date of Receipt 02 / 17 / 2012  
Transaction ID : SA11AI.55974

Amount of Each Receipt this Period 395.00

Contribution

**C. Mr. Charles B. Tolleson Sr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 916 Lido Ln

City Foster City State CA Zip Code 94404-2934

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 02 / 06 / 2012  
Transaction ID : SA11AI.56003

Amount of Each Receipt this Period 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 1145.00

**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 52 OF 81
	<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. Mr. George R. Whitfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 45107 Tarney Wood Dr

City Portsmouth State VA Zip Code 23703-0000

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

Name of Employer Halcyon Search International Occupation Executive Search International

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2012  
**Transaction ID : SA11AI.56140**

Amount of Each Receipt this Period  
 120.00

Contribution

**B. Mr. George R. Whitfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 45107 Tarney Wood Dr

City Portsmouth State VA Zip Code 23703-0000

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

Name of Employer Halcyon Search International Occupation Executive Search International

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.56141**

Amount of Each Receipt this Period  
 395.00

Contribution

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

Mailing Address 625 S Christensen Rd

City Medical Lake State WA Zip Code 99022-8669

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

Name of Employer L & S Engineering Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.56209**

Amount of Each Receipt this Period  
 395.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 910.00

**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 53 OF 81  
(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)  
**Mr. Geoffrey M. Zassenhaus**

Mailing Address 4 Emerson Pl Apt 814

City Boston State MA Zip Code 02114-2284

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

Name of Employer Bectun Dickinson Occupation manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2012

**Transaction ID : SA11AI.56245**

Amount of Each Receipt this Period  
 250.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	66730.00

**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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. American National Insurance Co.**

Mailing Address Pension Administration - P7283  
PO Box 1830

City Galveston State TX Zip Code 77553-1830

Purpose of Disbursement  
LP 401k Employee Cont and Co. Match

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2012

**Transaction ID : SB21B.56263**

Amount of Each Disbursement this Period

1224.70

Full Name (Last, First, Middle Initial)

**B. B & B Duplicators**

Mailing Address 818 18th Street NW LL15

City Washington State DC Zip Code 20006-0000

Purpose of Disbursement  
Non Candidate Party Printing-Mailing Serv

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2012

**Transaction ID : SB21B.56265**

Amount of Each Disbursement this Period

445.20

Full Name (Last, First, Middle Initial)

**C. Bigeye Direct, Inc.**

Mailing Address PO Box 710865

City Oak Hill State VA Zip Code 20171-0865

Purpose of Disbursement  
Non Candidate Party Printing-Mailing Serv

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

**Transaction ID : SB21B.56266**

Amount of Each Disbursement this Period

1029.75

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

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

2699.65

**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.**

Full Name (Last, First, Middle Initial)

**A. Center for Competitive Democracy**

Mailing Address PO Box 21090

City Washington State DC Zip Code 20009-1090

Purpose of Disbursement  
LPND v Jaeger Legal Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

**Transaction ID : SB21B.56267**

Amount of Each Disbursement this Period

3313.26

Full Name (Last, First, Middle Initial)

**B. CNA Insurance**

Mailing Address PO Box 382033

City Pittsburgh State PA Zip Code 15250-8033

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2012

**Transaction ID : SB21B.56270**

Amount of Each Disbursement this Period

1329.00

Full Name (Last, First, Middle Initial)

**C. CNA Insurance**

Mailing Address PO Box 382033

City Pittsburgh State PA Zip Code 15250-8033

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

**Transaction ID : SB21B.56271**

Amount of Each Disbursement this Period

1041.00

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

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

5683.26

**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.**

Full Name (Last, First, Middle Initial)

**A. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002-0000

Purpose of Disbursement  
DC - Admin. Funding Assessment

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.56274**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002-0000

Purpose of Disbursement  
DC - Unemployment Company

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.56275**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002-0000

Purpose of Disbursement  
DC - Withholding

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.56276**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002-0000

Purpose of Disbursement  
DC - Admin. Funding Assessment

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.56277**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002-0000

Purpose of Disbursement  
DC - Unemployment Company

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.56278**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DC Office of Tax & Revenue**

Mailing Address 941 North Capitol St, NE 6th Flr

City Washington State DC Zip Code 20002-0000

Purpose of Disbursement  
DC - Withholding

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.56279**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. De Lage Landen Financial**

Mailing Address PO Box 41602

City Philadelphia State PA Zip Code 19101-1602

Purpose of Disbursement  
Copier Lease

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

**Transaction ID : SB21B.56280**

Amount of Each Disbursement this Period

495.12

Full Name (Last, First, Middle Initial)

**B. Kelly R. Dirkes**

Mailing Address 6200 Wilson Blvd. #919

City Falls Church State VA Zip Code 22044-0000

Purpose of Disbursement  
Employee Net Pay

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : SB21B.56281**

Amount of Each Disbursement this Period

955.51

Full Name (Last, First, Middle Initial)

**C. Kelly R. Dirkes**

Mailing Address 6200 Wilson Blvd.  
Apt #1007

City Falls Church State VA Zip Code 22044-0000

Purpose of Disbursement  
Employee Net Pay

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2012

**Transaction ID : SB21B.56283**

Amount of Each Disbursement this Period

955.52

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

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

2406.15

**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.**

Full Name (Last, First, Middle Initial)

**A. Dominick J. Dunbar**

Mailing Address 470 Raven Rd

City Stafford State VA Zip Code 22554-4006

Purpose of Disbursement  
Employee Net Pay

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56284**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Dominick J. Dunbar**

Mailing Address 470 Raven Rd

City Stafford State VA Zip Code 22554-4006

Purpose of Disbursement  
Employee Net Pay

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56285**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paula Edwards**

Mailing Address 1200 G Street, N.W. Suite 800

City Washington State DC Zip Code 20005-0000

Purpose of Disbursement  
Fec Filing and Amendments

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56286**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2012

Mailing Address PO Box 970030

**Transaction ID : SB21B.56287**

City St. Louis State MO Zip Code 63197-0030

Amount of Each Disbursement this Period

29.20
-------

Purpose of Disbursement  
Federal Unemployment

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2012

Mailing Address PO Box 970030

**Transaction ID : SB21B.56288**

City St. Louis State MO Zip Code 63197-0030

Amount of Each Disbursement this Period

1607.00
---------

Purpose of Disbursement  
Federal Withholding

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2012

Mailing Address PO Box 970030

**Transaction ID : SB21B.56289**

City St. Louis State MO Zip Code 63197-0030

Amount of Each Disbursement this Period

162.79
--------

Purpose of Disbursement  
Medicare Company

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

1798.99
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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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Medicare Employee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56290**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Social Security Company

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56291**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Social Security Employee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56292**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

Mailing Address PO Box 970030

**Transaction ID : SB21B.56293**

City St. Louis State MO Zip Code 63197-0030

Amount of Each Disbursement this Period

3	0	.	2	9
---	---	---	---	---

Purpose of Disbursement  
Federal Unemployment

0	0	1
Category/ Type		

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

Mailing Address PO Box 970030

**Transaction ID : SB21B.56294**

City St. Louis State MO Zip Code 63197-0030

Amount of Each Disbursement this Period

1	5	0	4	.	0	0
---	---	---	---	---	---	---

Purpose of Disbursement  
Federal Withholding

0	0	1
Category/ Type		

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

Mailing Address PO Box 970030

**Transaction ID : SB21B.56295**

City St. Louis State MO Zip Code 63197-0030

Amount of Each Disbursement this Period

1	5	8	.	2	0
---	---	---	---	---	---

Purpose of Disbursement  
Medicare Company

0	0	1
Category/ Type		

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

1	6	9	2	.	4	9
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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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Medicare Employee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56296**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Social Security Company

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56297**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Social Security Employee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56298**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Foley Hoag, LLP**

Mailing Address 155 Seaport Blvd.

City Boston State MA Zip Code 02210-2600

Purpose of Disbursement  
LP v MA Legal Expense

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56299**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FP Mailing Solutions**

Mailing Address PO Box 4510

City Carol Stream State IL Zip Code 60197-4510

Purpose of Disbursement  
Postage & Meter Resets

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56300**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Great American Leasing**

Mailing Address PO Box 660831

City Dallas State TX Zip Code 75266-0831

Purpose of Disbursement  
Post Meter Lease Agrmt

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56301**

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)

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<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.**

Full Name (Last, First, Middle Initial)

**A. GreenPenz2600 Virginia Ave LLC**

Mailing Address PO Box 823784

City Philadelphia State PA Zip Code 19182-3784

Purpose of Disbursement  
Office Rent, Tax, Maint & Utilities

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.56302**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Casey T. Hansen**

Mailing Address 1445 Ogden St. NW  
Apt #212

City Washington State DC Zip Code 20010-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.56303**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Casey T. Hansen**

Mailing Address 1445 Ogden St. NW  
Apt #212

City Washington State DC Zip Code 20010-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.56304**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Carla Howell**

Mailing Address 6 Goodman Ln

City State Zip Code  
Wayland MA 01778-3502

Purpose of Disbursement  
Employee Net Pay

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56308**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Carla Howell**

Mailing Address 6 Goodman Ln

City State Zip Code  
Wayland MA 01778-3502

Purpose of Disbursement  
Staff Travel -Train (See Memo)

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56305**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Amtrak - NRPC**

Mailing Address 80 Massachusetts Ave NE

City State Zip Code  
Washington DC 20002-0000

Purpose of Disbursement  
Staff Travel-Train

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56305.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**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 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.**

Full Name (Last, First, Middle Initial)

**A. Carla Howell**

Mailing Address 6 Goodman Ln

City State Zip Code  
Wayland MA 01778-3502

Purpose of Disbursement  
Employee Net Pay

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56309**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ID Superstore**

Mailing Address 250 H Street #510

City State Zip Code  
Blaine WA 98230-0000

Purpose of Disbursement  
Membership Cards Stock & Supplies

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56310**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Joe Ragan's**

Mailing Address PO Box 125

City State Zip Code  
Springfield VA 22150-0125

Purpose of Disbursement  
Office Supplies

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56311**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Joe Ragan's**

Mailing Address PO Box 125

City Springfield State VA Zip Code 22150-0125

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.56312**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Robert Johnston**

Mailing Address PO Box 7742

City Essex State MD Zip Code 21221-0742

Purpose of Disbursement  
Tele-fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.56313**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Robert Johnston**

Mailing Address PO Box 7742

City Essex State MD Zip Code 21221-0742

Purpose of Disbursement  
Tele-fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.56314**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert Kraus**

Mailing Address 2500 N Van Dorn St Apt PH08

City Alexandria State VA Zip Code 22302-1629

Purpose of Disbursement  
Employee Net Pay

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : SB21B.56315**

Amount of Each Disbursement this Period

1689.15

Full Name (Last, First, Middle Initial)

**B. Mr. Robert Kraus**

Mailing Address 2500 N Van Dorn St Apt PH08

City Alexandria State VA Zip Code 22302-1629

Purpose of Disbursement  
Employee Net Pay

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2012

**Transaction ID : SB21B.56316**

Amount of Each Disbursement this Period

1391.40

Full Name (Last, First, Middle Initial)

**C. Nigel A. Lyons**

Mailing Address 1219 Park Rd NW Apt B

City Washington State DC Zip Code 20010-2096

Purpose of Disbursement  
Employee Net Pay

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : SB21B.56317**

Amount of Each Disbursement this Period

1049.88

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

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

4130.43

**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.**

Full Name (Last, First, Middle Initial)

**A. Nigel A. Lyons**

Mailing Address 1219 Park Rd NW Apt B

City Washington State DC Zip Code 20010-2096

Purpose of Disbursement  
Employee Net Pay

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56318**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MacBain Printing Co. Inc.**

Mailing Address 1301-B Governor Ct.

City Abington State MD Zip Code 21009-0000

Purpose of Disbursement  
Non Candidate Party Printing-Mailing Serv

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56319**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Marie Allen Properties LLC**

Mailing Address 10525 Mereworth Ln

City Oakton State VA Zip Code 22124-0000

Purpose of Disbursement  
Temp Housing

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56321**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Marie Allen Properties LLC**

Mailing Address 10525 Mereworth Ln

City State Zip Code  
Oakton VA 22124-0000

Purpose of Disbursement  
Temp Housing

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56322**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mass Dept of Revenue**

Mailing Address PO Box 7010

City State Zip Code  
Boston MA 02204-7010

Purpose of Disbursement  
MA - Withholding

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56323**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mass Dept of Revenue**

Mailing Address PO Box 7010

City State Zip Code  
Boston MA 02204-7010

Purpose of Disbursement  
MA - Withholding

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56324**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address 890 Mountain Ave

City New Providence State NJ Zip Code 07974-0000

Purpose of Disbursement  
Merch Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56325**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PAETEC - US LEC Corp.**

Mailing Address PO Box 1283

City Buffalo State NY Zip Code 14240-1283

Purpose of Disbursement  
Phone Service

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56328**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PayPal Merchant Services**

Mailing Address 2211 N. First St.

City San Jose State CA Zip Code 95131-0000

Purpose of Disbursement  
Merch Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56329**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address 2600 Virginia Ave NW

City Washington State DC Zip Code 20037-0000

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56330**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PNC Visa Card**

Mailing Address P.O. Box 856176

City Louisville State KY Zip Code 40285-6176

Purpose of Disbursement  
PNC Visa Card Payment (See Memos)

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56331**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Corporate & Leisure**

Mailing Address 2700 W. Cyprus Creek Road  
Suite D-105

City Ft Lauderdale State FL Zip Code 33309-0000

Purpose of Disbursement  
Staff Travel-Air

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56331.2**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Facebook, Inc.**

Mailing Address 1601 S. California Ave

City Palo Alto State CA Zip Code 94304-0000

Purpose of Disbursement  
Facebook Ad

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56331.4**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. JetBlue**

Mailing Address 118-29 Queens Blvd

City Forest Hills State NY Zip Code 11375-0000

Purpose of Disbursement  
Staff Travel-Air

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56331.7**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Lyris Tech - Sparklist**

Mailing Address PO Box 8385

City Pasadena State CA Zip Code 91109-8385

Purpose of Disbursement  
Email Marketing Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56331.9**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. One Washington Circle Hotel**

Mailing Address 1 Washington Circle, N.W.

City Washington State DC Zip Code 20037-0000

Purpose of Disbursement  
Staff Travel-Hotel

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
02	/	29	/	2012

**Transaction ID : SB21B.56331.10**

Amount of Each Disbursement this Period

944.65
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Postmaster**

Mailing Address 2500 Virginia Ave NW

City Washington State DC Zip Code 20037-0000

Purpose of Disbursement  
Postage

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
02	/	29	/	2012

**Transaction ID : SB21B.56331.11**

Amount of Each Disbursement this Period

95.90
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Rackspace US Inc.**

Mailing Address 9725 Datapoint Dr. #100

City San Antonio State TX Zip Code 78229-0000

Purpose of Disbursement  
Website Hosting Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	29	/	2012

**Transaction ID : SB21B.56331.12**

Amount of Each Disbursement this Period

687.94
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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.**

Full Name (Last, First, Middle Initial)

**A. SoftLayer Technologies, Inc.**

Mailing Address 4849 Alpha Road,

City Dallas State TX Zip Code 75244-0000

Purpose of Disbursement  
Email Servier Hosting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56331.16**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ULine, Inc.**

Mailing Address 2200 S. Lakeside Dr.

City Waukegan State IL Zip Code 60085-0000

Purpose of Disbursement  
Office Supplies

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56331.20**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. USAirways**

Mailing Address 2345 Crystal Dr

City Arlington State VA Zip Code 22227-0000

Purpose of Disbursement  
Staff Travel-Air

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56331.23**

Amount of Each Disbursement this Period

[MEMO ITEM]

**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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Postmaster**

Mailing Address 2500 Virginia Ave NW

City Washington State DC Zip Code 20037-0000

Purpose of Disbursement  
Postage

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56363**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City Reno State NV Zip Code 89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56364**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City Reno State NV Zip Code 89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56365**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Gary Sinawski**

Mailing Address 180 Montague St., Apt 25-B

City State Zip Code  
Brooklyn NY 11201-3623

Purpose of Disbursement  
LP Legal Expenses

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

02 / 01 / 2012

**Transaction ID : SB21B.56368**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Southwest Publishing and Mailing**

Mailing Address 2600 NW Topeka Blvd.

City State Zip Code  
Topeka KS 66617-0000

Purpose of Disbursement  
Non Candidate Party Printing-Mailing Serv

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

02 / 01 / 2012

**Transaction ID : SB21B.56369**

Amount of Each Disbursement this Period

4604.76

Full Name (Last, First, Middle Initial)

**C. Southwest Publishing and Mailing**

Mailing Address 2600 NW Topeka Blvd.

City State Zip Code  
Topeka KS 66617-0000

Purpose of Disbursement  
Non Candidate Party Printing-Mailing Serv

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

02 / 27 / 2012

**Transaction ID : SB21B.56370**

Amount of Each Disbursement this Period

4745.89

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

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

12350.65

**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.**

Full Name (Last, First, Middle Initial)

**A. State Farm Insurance Com**

Mailing Address PO Box 588002

City North Metro State GA Zip Code 30029-8002

Purpose of Disbursement  
Insurance

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56371**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ticketmaster**

Mailing Address 1601 Elm St., Ste. 700

City Dallas State TX Zip Code 75201-0000

Purpose of Disbursement  
Merch Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56373**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. United Healthcare Ins., Inc.**

Mailing Address Dept. CH-10151

City Palatine State IL Zip Code 60055-0151

Purpose of Disbursement  
Employee Health & Dental

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.56374**

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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City Richmond State VA Zip Code 23261-6644

Purpose of Disbursement  
VA - Withholding

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 14 / 2012

**Transaction ID : SB21B.56375**

Amount of Each Disbursement this Period

318.00

Full Name (Last, First, Middle Initial)

**B. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City Richmond State VA Zip Code 23261-6644

Purpose of Disbursement  
VA - Withholding

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 28 / 2012

**Transaction ID : SB21B.56376**

Amount of Each Disbursement this Period

301.00

Full Name (Last, First, Middle Initial)

**C. Worldwide Express - DHL**

Mailing Address PO Box 7624

City Arlington State VA Zip Code 22207-7624

Purpose of Disbursement  
Shipping

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 27 / 2012

**Transaction ID : SB21B.56377**

Amount of Each Disbursement this Period

333.50

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

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

952.50

73949.02

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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.**

Full Name (Last, First, Middle Initial)

### A. Bryant Callaghan

Mailing Address 560 Cody Pass

City Cincinnati State OH Zip Code 45215-2521

Purpose of Disbursement  
Contribution Refund

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB28A.56438

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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