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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Other Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

LIBERTARIAN PARTY OF MICHIGAN

ADDRESS (number and street) 913 W. HOLMES, STE 240A

POB, 27065

CITY STATE ZIP CODE LANSING MI 48909 27065

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

00403907

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Transition Report (TR)

- Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11)
- Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12)
- Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (Y1)

- (c) 12-Day PRE-Election Report for Elec: Primary (12P), General (12G), Runoff (12R)
- Conversion (12C), Special (12S)

- (d) 30-Day POST-Election Report for Elec: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10/11/2004 through 11/22/2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William T White

Signature of Treasurer [Signature] Date 11/30/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

Table with 10 columns for Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIBERTARIAN PARTY OF MICHIGAN

Report Covering the Period:

From:

10 14 2004

To:

11 22 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1.....	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	517.18	
(c) Total Receipts (from Line 19).....	4956.00	13,977.00
(d) Subtotal (add Lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B).....	5473.18	15,861.36
7. Total Disbursements (from Line 31).....	3250.00	11,753.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d)).....	2223.18	4,107.54
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....		



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

For further information contact:

Federal Election Commission
909 E Street, NW
Washington, DC 20483

Toll Free 800-424-9530
Local 202-884-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 5X (Rev. 02/2003)

Page 3

Write or Type Committee Name

LIBERTARIAN PARTY OF MICHIGAN

Report Covering the Period: From: **10/10/2004** To: **11/22/2004**

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) Reimburse (see Schedule A)	1200.00	1450.00
(ii) Undeclared	290.00	3195.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1490.00	4645.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(i), (b) and (c) (Carry Totals to Line 33, page 5))	1490.00	4645.00
12. Transfers From Affiliates/Other Party Committees	3336.00	9202.00
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 57, page 5)	130.00	130.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4956.00	13,977.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4956.00	13,977.00

DETAILED SUMMARY PAGE
of Disbursements

PEC Form 2X (Rev. 03/2003)

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		12.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		12.46
22. Transfers to Affiliated/Other Party Committees	750.00	2350.00
23. Contributions to Federal Candidate/Committees and Other Political Committees		2000.00
24. Independent Expenditures (see Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §41(e)(1)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions to:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H5)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds	2500.00	7391.36
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii), and 30(b))	2500.00	7391.36
31. Total Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	3250.00	11,753.82
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	3250.00	11,753.82

DETAILED SUMMARY PAGE
of Disbursements

FED 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)	1490.00	4645.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1490.00	4645.00
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(a))		12.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	130.00	130.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-130.00	-117.54

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

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

FOR LINE NUMBER:		PAGE		OF
(check only one)				
<input type="checkbox"/> Y	11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (in Full)
LIBERTARIAN PARTY OF MICHIGAN

A. Full Name (Last, First, Middle Initial)
BACHRACH, BEN I

Mailing Address
21835 Cherry Hill St.

City **DEARBORN** State **MI** Zip Code **48124**

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

Name of Employer: **self employed** Occupation: **engineer**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **1200.00**

Date of Receipt
10 19 2004

Amount of Each Receipt This Period
1200.00

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

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

Amount of Each Receipt This Period

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)
LIBERTARIAN PARTY OF MICHIGAN

Full Name (Last, First, Middle Initial) A. LIBERTARIAN PARTY OF MICHIGAN CAMPAIGN FUND		Date of Receipt 10 16 2004
Mailing Address 32034 W 13 MILE RD		Amount of Each Receipt This Period 1000.00
City Farmington Hills	State MI	
Zip Code 48334		
FEC ID number of contributing federal political committee C 00322891		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. LIBERTARIAN NATIONAL COMMITTEE		Date of Receipt 10 19 2004
Mailing Address 2600 VIRGINIA AVE NW STE 100		Amount of Each Receipt This Period 1168.00
City WASHINGTON	State DC	
Zip Code 20037		
FEC ID number of contributing federal political committee C 00255695		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 5866.00	

Full Name (Last, First, Middle Initial) C. LIBERTARIAN NATIONAL COMMITTEE		Date of Receipt 11 22 2004
Mailing Address 2600 VIRGINIA AVE NW STE 100		Amount of Each Receipt This Period 1168.00
City WASHINGTON	State DC	
Zip Code 20037		
FEC ID number of contributing federal political committee C 00255695		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 7034.00	

SUBTOTAL of Receipts This Page (optional)	3336.00
TOTAL This Period (last page this line number only)	

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
LIBERTARIAN PARTY OF MICHIGAN

Full Name (Last, First, Middle Initial) A. COMMUNICATIONS CONSULTANTS		Date of Receipt 11 22 2004
Mailing Address 17615 CROQUIS		Amount of Each Receipt this Period 130.00
City ALLEN PARK MI	State Zip Code MI 48101	
FEC ID number of contributing federal political committee C		Refund of expense from 10-19-2004 for radio ads
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 130.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date	

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

130.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER(S): (check only one)								PAGE	OF
	<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28		
		27a	28b	29c	29					

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NAME OF COMMITTEE (in Full)
LIBERTARIAN PARTY OF MICHIGAN

Full Name (Last, First, Middle Initial) A. LIBERTARIAN NATIONAL COMMITTEE		Date of Disbursement 10/22/2004
Mailing Address 2800 VIRGINIA AVE NW STE 100		Amount of Each Disbursement this Period 750.00
City: WASHINGTON State: DC Zip Code: 20037		
Purpose of Disbursement transfer		Category Type 008
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City: State: Zip Code:		
Purpose of Disbursement		Category Type
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City: State: Zip Code:		
Purpose of Disbursement		Category Type
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	750.00

**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)				PAGE OF	
<input type="checkbox"/> 21c	<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 checked="" type="checkbox"/> 30c		

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NAME OF COMMITTEE (in Full)
LIBERTARIAN PARTY OF MICHIGAN

A. COMMUNICATIONS CONSULTANTS

Full Name (Last, First, Middle Initial) _____ Date of Disbursement: 10/19/2004

Mailing Address: 17015 CROFTS

City: ALLEN PARK State: MI Zip Code: 48101

Purpose of Disbursement: radio ads Category/Type: 004

Candidate Name: Michael Badnarik Amount of Each Disbursement this Period: 2000.00

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: District

B. LIBERTARIAN PARTY OF WEST MICHIGAN

Full Name (Last, First, Middle Initial) _____ Date of Disbursement: 11/04/2004

Mailing Address: POB 3685

City: GRAND RAPIDS State: MI Zip Code: 49501

Purpose of Disbursement: radio ads Category/Type: 004

Candidate Name: Michael Badnarik Amount of Each Disbursement this Period: 500.00

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: District

C.

Full Name (Last, First, Middle Initial) _____ Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Category/Type: _____

Candidate Name: _____ Amount of Each Disbursement this Period: _____

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: District

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (next page this line number only) _____

2500.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 12-1-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMB</i> PREPARER	12-6-04 DATE PREPARED