

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2600 Virginia Ave NW
Suite 100
 Check if different than previously reported. (ACC)
Washington DC 20037

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

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

5. Covering Period 03 01 2006 through 03 31 2006

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 NEL1 - David Mark Nelson

Signature of Treasurer Electronically Filed by NEL1 - David Mark Nelson Date 04 20 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Libertarian National Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		-14339.51
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	13325.32									
(c) Total Receipts (from Line 19)	150379.64	339757.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	163704.96	325417.79								
7. Total Disbursements (from Line 31)	159228.18	320941.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4476.78	4476.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	45.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	127587.15									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Libertarian National Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	58510.34	104421.84
(i) Itemized (use Schedule A)	90582.11	223612.38
(ii) Unitemized	149092.45	328034.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1000.00	1800.00
(c) Other Political Committees (such as PACs)	150092.45	329834.22
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	97.50	1375.00
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)	189.69	4839.83
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	3708.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	150379.64	339757.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	150379.64	339757.30

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	128958.57	270883.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	128958.57	270883.72
22. Transfers to Affiliated/Other Party Committees.....	30269.61	50057.29
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	159228.18	320941.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	159228.18	320941.01

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	150092.45	329834.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150092.45	329834.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	128958.57	270883.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	189.69	4839.83
38. Net Operating Expenditures (subtract Line 37 from Line 36)	128768.88	266043.89

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. David Aitken		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 1240 Ogden St Apt 4		Transaction ID: SA11A1.185201	
City State Zip Code Denver CO 80218-1930	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer U2Logic Occupation Information Requested	Aggregate Year-to-Date ▼ 449.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Brooke Anderson		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 9134 134th Ct NE		Transaction ID: SA11A1.183963	
City State Zip Code Redmond WA 98052-6436	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Combimatrix Corp. Occupation Vice President/Software	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Walt P Augustinowicz		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 770 Buckskin Ct		Transaction ID: SA11A1.183665	
City State Zip Code Englewood FL 34223-3954	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer 1st Guard Corporation Occupation Vice President	Aggregate Year-to-Date ▼ 255.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	165.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 204
	<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

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

Mailing Address 3412 Waccamaw Shores Rd

City State Zip Code
Lake Waccamaw NC 28450-9442

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

Name of Employer Occupation
Cypress Pathology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.184021

Amount of Each Receipt this Period
300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Robert E Barker

Mailing Address PO Box 3513

City State Zip Code
Incline Village NV 89450-3513

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: SA11A1.184351

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Thomas W Bassett

Mailing Address 51 Crestwood Dr

City State Zip Code
Clayton MO 63105-3032

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

Name of Employer Occupation
BKD,LLP CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2006

Transaction ID: SA11A1.183831

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Robert CW Benedict

Mailing Address 1403B Kenwood Ave

City Austin State TX Zip Code 78704-2624

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

Name of Employer Custom Quality Marble, Inc Occupation Small Business Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 449.00

Date of Receipt
03 / 22 / 2006

Transaction ID: SA11A1.184018

Amount of Each Receipt this Period
359.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ruth E. Bennett

Mailing Address 4512 46th Ave S

City Seattle State WA Zip Code 98118-1407

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

Name of Employer Zuno Travel Occupation travel consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 379.00

Date of Receipt
03 / 03 / 2006

Transaction ID: SA11A1.185412

Amount of Each Receipt this Period
20.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mark A Berilla

Mailing Address 1900 Richard Jones Rd Apt B210

City Nashville State TN Zip Code 37215-2948

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

Name of Employer Sir Speedy Printing Occupation Graphic Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 27 / 2006

Transaction ID: SA11A1.185026

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	879.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 204
	<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

Full Name (Last, First, Middle Initial) A. Michele R Bethke-Poague		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006
Mailing Address 21079 E Mineral Dr		Transaction ID: SA11A1.183802
City Aurora	State CO	Zip Code 80016-1927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Bavaria Inn	Occupation Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Charles T. Black		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006
Mailing Address PO Box 2227		Transaction ID: SA11A1.185453
City Malibu	State CA	Zip Code 90265-7227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) C. Frank Bond		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2006
Mailing Address 9690 Deereco Rd		Transaction ID: SA11A1.184379
City Timonium	State MD	Zip Code 21093-6991
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5500.00	

SUBTOTAL of Receipts This Page (optional)	▶	5120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Robert G Boyd

Mailing Address 21025 Victor St Apt 6

City State Zip Code
Torrance CA 90503-2859

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

Name of Employer Occupation
Northrop-Grumman Software Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: SA11A1.184688

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Sanford Brotman

Mailing Address 3318 Mantua Dr

City State Zip Code
Fairfax VA 22031-2713

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: SA11A1.184873

Amount of Each Receipt this Period
90.00

Contribution

C. Full Name (Last, First, Middle Initial)
Edward H Bruske

Mailing Address 7325 Heritage Ct

City State Zip Code
Frankfort IL 60423-9538

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

Name of Employer Occupation
Bruske Enterprises Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2006

Transaction ID: SA11A1.183864

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	440.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Erik S. Buck		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 764 Hillside Ave		Transaction ID: SA11A1.184362	
City State Zip Code Liberty MO 64068-2119	Amount of Each Receipt this Period 359.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 359.00		

Full Name (Last, First, Middle Initial) B. Steven Burden		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 18915 Place Marquette		Transaction ID: SA11A1.184364	
City State Zip Code Lutz FL 33558-5313	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Wallace H Burton		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 213 S 4th St		Transaction ID: SA11A1.184024	
City State Zip Code Festus MO 63028-2210	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1509.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 204
	<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

Full Name (Last, First, Middle Initial) A. Wallace H Burton		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 213 S 4th St		Transaction ID: SA11A1.184025
City State Zip Code Festus MO 63028-2210	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Daimler Chrysler	Occupation Material Handler	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. John Capobianco		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 1453 Hagys Ford Rd		Transaction ID: SA11A1.184380
City State Zip Code Narberth PA 19072-1139	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Brian P Carr		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 11301 NE 7th St Apt J5		Transaction ID: SA11A1.183810
City State Zip Code Vancouver WA 98684-4946	Amount of Each Receipt this Period 309.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Bell Atlantic	Occupation Computer Professional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.00	

SUBTOTAL of Receipts This Page (optional) ▶	659.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 204
	<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

A. Full Name (Last, First, Middle Initial) David Carr		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 64 25th St		Transaction ID: SA11A1.183967	
City Troy	State NY	Amount of Each Receipt this Period 309.00	
Zip Code 12180-2033		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Commerce Technologies, Inc.	Occupation Computer Programmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.00		

B. Full Name (Last, First, Middle Initial) David Carr		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 64 25th St		Transaction ID: SA11A1.183968	
City Troy	State NY	Amount of Each Receipt this Period 10.00	
Zip Code 12180-2033		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Commerce Technologies, Inc.	Occupation Computer Programmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.00		

C. Full Name (Last, First, Middle Initial) Mark Allen Cenkus		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 6810 Chessley Chase Dr		Transaction ID: SA11A1.184072	
City Sugar Land	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 77479-5951		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Dow Chemical	Occupation Chemical engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	819.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 204
	<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

Full Name (Last, First, Middle Initial) A. Allen E Chantelois		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006
Mailing Address 5555 N Meade St		Transaction ID: SA11A1.183926
City Appleton	State WI	Zip Code 54913-8382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CHN	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Derwood S Chase		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2006
Mailing Address 400 Wellington Dr		Transaction ID: SA11A1.183913
City Charlottesville	State VA	Zip Code 22903-4744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Chase Invest.	Occupation invest.counselor	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Harold W Cheney		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006
Mailing Address 300 Pingree Dr		Transaction ID: SA11A1.184711
City Worthington	State OH	Zip Code 43085-4039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer OCLC	Occupation Programmer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	610.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 204
	<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

A. Full Name (Last, First, Middle Initial) Larry T Christy		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 1413 Cherry Ct		Transaction ID: SA11A1.185182	
City State Zip Code Virginia Beach VA 23454-1615	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Trendvest Corp. Business Owner	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Eric R Colburn		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 2653 Black Oak Ct		Transaction ID: SA11A1.183787	
City State Zip Code Wexford PA 15090-7566	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Bally Design Engineer	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Michael C Colley		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 444 Magnolia Dr		Transaction ID: SA11A1.185490	
City State Zip Code Gulf Shores AL 36542-4408	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Self Employed Security and Policy Analyst	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 204
	<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

Full Name (Last, First, Middle Initial) A. Michael C Colley		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 444 Magnolia Dr		Transaction ID: SA11A1.184347	
City State Zip Code Gulf Shores AL 36542-4408	Amount of Each Receipt this Period 359.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 509.00		

Full Name (Last, First, Middle Initial) B. Michael C Colley		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 444 Magnolia Dr		Transaction ID: SA11A1.184376	
City State Zip Code Gulf Shores AL 36542-4408	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Security and Policy Analyst Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. William Collins		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 505 Mallory Ct		Transaction ID: SA11A1.184284	
City State Zip Code El Paso TX 79912-4228	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Highlands Regional, LP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Healthcare CEO Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	959.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 204
	<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

Full Name (Last, First, Middle Initial) A. Kevin Cooney		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address PO Box 82605		Transaction ID: SA11A1.184348	
City Kenmore	State WA	Amount of Each Receipt this Period 250.00	
Zip Code 98028-0605		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mark Curtis		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 3329 Santa Clara Ave SE		Transaction ID: SA11A1.184016	
City Albuquerque	State NM	Amount of Each Receipt this Period 50.00	
Zip Code 87106-1530		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 205.00		

Full Name (Last, First, Middle Initial) C. Ronald L. Curtis		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 970 Shoreline Dr		Transaction ID: SA11A1.184381	
City San Mateo	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 94404		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Brian Darby

Mailing Address 4380 Albany Dr Apt 29

City San Jose State CA Zip Code 95129-1695

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

Name of Employer National Semiconductor Occupation Computer Security

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 31 / 2006

Transaction ID: SA11A1.184641

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
John Davenport

Mailing Address 7620 Lebanon Rd

City Mount Juliet State TN Zip Code 37122-7209

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

Name of Employer Meretek Diagnostics, Inc. Occupation Finance/Admin. Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 06 / 2006

Transaction ID: SA11A1.184568

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Gregory Davidson

Mailing Address 123 Harbor Dr Apt 102

City Stamford State CT Zip Code 06902-7459

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

Name of Employer Gerald Metals, Inc. Occupation Trader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 01 / 2006

Transaction ID: SA11A1.184217

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 204
	<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

Full Name (Last, First, Middle Initial) A. Jeremy S Davis		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address 7539 Brompton St		Transaction ID: SA11A1.184996
City State Zip Code Houston TX 77025-2267	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self-employed Occupation Information Requested	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeremy S Davis		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 7539 Brompton St		Transaction ID: SA11A1.184387
City State Zip Code Houston TX 77025-2267	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self-employed Occupation Information Requested	Aggregate Year-to-Date ▼ 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. C E Dekko		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 2706 Horseshoe Dr S		Transaction ID: SA11A1.185000
City State Zip Code Naples FL 34104-6142	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Information Requested Occupation Executive	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Robert A Dempsey

Mailing Address PO Box 1710

City State Zip Code
Telluride CO 81435-1710

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

Name of Employer
Self Employed

Occupation
Real Estate Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2006

Transaction ID: SA11A1.184343

Amount of Each Receipt this Period
200.00

Contribution

B. Full Name (Last, First, Middle Initial)
Stephen C. Dennett

Mailing Address PO Box 8364

City State Zip Code
Mc Lean VA 22106-8364

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 ▼
225.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.185506

Amount of Each Receipt this Period
75.00

Contribution

C. Full Name (Last, First, Middle Initial)
David DePriest

Mailing Address 2632 Shadow Bluff Dr NE

City State Zip Code
Marietta GA 30062-2568

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

Name of Employer
DePriest Associates, Inc.

Occupation
Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.184050

Amount of Each Receipt this Period
10.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	285.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 204
	<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

Full Name (Last, First, Middle Initial) A. Michael J Dixon		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 116 N Brackenbury Ln		Transaction ID: SA11A1.184062
City State Zip Code Charlotte NC 28270-1901	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Dixon & Dixon Consulting	Occupation Sales Trainer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Patrick J Dixon		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 5002 Sundown St		Transaction ID: SA11A1.184074
City State Zip Code Lago Vista TX 78645-6066	Amount of Each Receipt this Period 359.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer DPAS INC	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00	

Full Name (Last, First, Middle Initial) C. Rebecca Ensign		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006
Mailing Address 2229 Alter Rd		Transaction ID: SA11A1.187255
City State Zip Code Detroit MI 48215	Amount of Each Receipt this Period 238.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Gold Leaf Press	Occupation Publisher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

SUBTOTAL of Receipts This Page (optional) ▶	672.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Lana Renee Ethridge

Mailing Address PO Box 1320

City State Zip Code
Ridgeland MS 39158-1320

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

Name of Employer Occupation
Eric Realty, Inc Chief Operations Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 359.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.184129

Amount of Each Receipt this Period
359.00

Contribution

B. Full Name (Last, First, Middle Initial)
Richard A Felton

Mailing Address 54 Millay Pl

City State Zip Code
Mill Valley CA 94941-1501

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

Name of Employer Occupation
self dentist

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11A1.184369

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
F Dan Fernandes

Mailing Address 2201 Stratford Way

City State Zip Code
La Verne CA 91750-5143

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

Name of Employer Occupation
None Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.186187

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional)	709.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 204
	<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

Full Name (Last, First, Middle Initial) A. Matt Finkel		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 12208 Tyson Cv # A		Transaction ID: SA11A1.184383
City Austin State TX Zip Code 78758-5304	Amount of Each Receipt this Period 359.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 359.00	

Full Name (Last, First, Middle Initial) B. Lee Fitch		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address 4142 E Via Estrella		Transaction ID: SA11A1.184486
City Phoenix State AZ Zip Code 85028-4516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Richard Fontanesi		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 2056 W Magna Carta PI		Transaction ID: SA11A1.185210
City Baton Rouge State LA Zip Code 70815-5522	Amount of Each Receipt this Period 359.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 359.00	

SUBTOTAL of Receipts This Page (optional) ▶	968.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Richard Fontanesi

Mailing Address 2056 W Magna Carta Pl

City State Zip Code
Baton Rouge LA 70815-5522

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

Name of Employer UNISY Occupation Programmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 368.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.185211

Amount of Each Receipt this Period
9.00

Contribution

B. Full Name (Last, First, Middle Initial)
Lorenzo Gaztanaga

Mailing Address 4806 Hamilton Ave Apt 2D

City State Zip Code
Baltimore MD 21206-3846

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

Name of Employer Admiral Security Occupation Security Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11A1.183685

Amount of Each Receipt this Period
229.00

Contribution

C. Full Name (Last, First, Middle Initial)
Susan Gaztanaga

Mailing Address 4806 Hamilton Ave Apt 2D

City State Zip Code
Baltimore MD 21206-3846

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

Name of Employer John Hopkins Univ Occupation Office Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11A1.184433

Amount of Each Receipt this Period
229.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	467.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 204
	<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

Full Name (Last, First, Middle Initial) A. Jay Gillotte		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006	
Mailing Address 8220 David Hwy		Transaction ID: SA11A1.184806	
City Lyons	State MI	Zip Code 48851-9755	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Presort Services, Inc.	Occupation Bus. Owner		
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. Richard P. Griot		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address PO Box 550		Transaction ID: SA11A1.184357	
City Orcas	State WA	Zip Code 98280-0550	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Robert Guthrie		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2006	
Mailing Address 1165 Tunnel Rd Unit C		Transaction ID: SA11A1.185933	
City Santa Barbara	State CA	Zip Code 93105-2163	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Tim R Hagan

Mailing Address 7086 Orange Grove Ln

City State Zip Code
Las Vegas NV 89119-0363

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

Name of Employer Occupation
EG&G Special Projects Electrical Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2006

Transaction ID: SA11A1.184105

Amount of Each Receipt this Period
359.00

Contribution

B. Full Name (Last, First, Middle Initial)
Brett Hall

Mailing Address PO Box 457

City State Zip Code
Miami TX 79059-0457

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

Name of Employer Occupation
Red Deer Creek Ranch ranch manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11A1.184866

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
William W Hall

Mailing Address 11002 Stegman Forest Ct NE

City State Zip Code
Rockford MI 49341-8742

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

Name of Employer Occupation
Warner Norcross & Judd LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: SA11A1.185369

Amount of Each Receipt this Period
45.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	654.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 204
	<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

Full Name (Last, First, Middle Initial) A. William W Hall		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 11002 Stegman Forest Ct NE		Transaction ID: SA11A1.185370	
City State Zip Code Rockford MI 49341-8742	Amount of Each Receipt this Period 359.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Warner Norcross & Judd LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 994.00		

Full Name (Last, First, Middle Initial) B. Grant O. Hansen		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 600 E Cathedral Rd Apt. G320		Transaction ID: SA11A1.185563	
City State Zip Code Philadelphia PA 19128-1933	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Wayne E Harley		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 1315 Richmond Dr		Transaction ID: SA11A1.184888	
City State Zip Code Melbourne FL 32935-5325	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rockwell Collins Avionics	Occupation Sr Eng Test Technician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	559.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Sharon Harris		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 213 S Erwin St.		Transaction ID: SA11A1.187251	
City Cartersville	State GA	Amount of Each Receipt this Period 1475.00	
Zip Code 30120		Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1475.00	
Name of Employer Advocates for Self Govern- ment	Occupation Office Manager	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	Contribution	

Full Name (Last, First, Middle Initial) B. Sharon Harris		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 213 S Erwin St.		Transaction ID: SA11A1.187252	
City Cartersville	State GA	Amount of Each Receipt this Period 500.00	
Zip Code 30120		Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Advocates for Self Govern- ment	Occupation Office Manager	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	Contribution	

Full Name (Last, First, Middle Initial) C. Wyatt R Haskell		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 2964 Cherokee Rd		Transaction ID: SA11A1.184264	
City Birmingham	State AL	Amount of Each Receipt this Period 250.00	
Zip Code 35223-2609		Contribution	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Haskell Slaughter & Young	Occupation Attorney	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Contribution	

SUBTOTAL of Receipts This Page (optional) ▶	2225.00
TOTAL This Period (last page this line number only) ▶	2225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 204
	<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

A. Full Name (Last, First, Middle Initial) Bert G Hassler		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 128 Elkins Ave		Transaction ID: SA11A1.184361	
City State Zip Code Arcadia CA 91006-1711		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Bert G Hassler		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 128 Elkins Ave		Transaction ID: SA11A1.184389	
City State Zip Code Arcadia CA 91006-1711		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) Ken Heinemann		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 358 E Paseo de Golf		Transaction ID: SA11A1.185568	
City State Zip Code Green Valley AZ 85614-3319		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer None Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Retired Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 204
	<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

Full Name (Last, First, Middle Initial) A. Al Henrickson		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006
Mailing Address PO Box 2508		Transaction ID: SA11A1.187257
City Lapine	State OR	Zip Code 97739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 224.00
Name of Employer ALAJH Enterprises Handy Caddy	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

Full Name (Last, First, Middle Initial) B. Gregory T Hertzsch		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 120 Hills Dr		Transaction ID: SA11A1.185353
City Clarksville	State IN	Zip Code 47129-2539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Vivid Impact, Inc.	Occupation Driver	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. J.E. Holliday		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 63 Poppy Hills Rd		Transaction ID: SA11A1.183768
City Laguna Niguel	State CA	Zip Code 92677-1010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer ATEL Financial Cor	Occupation VP sales	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2734.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Melanie E Hughes

Mailing Address 1115 Woodfield Dr

City State Zip Code
New Albany IN 47150-2066

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

Name of Employer Occupation
Indiana University Librarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2006

Transaction ID: SA11A1.184336

Amount of Each Receipt this Period
359.00

Contribution

B. Full Name (Last, First, Middle Initial)
Richard E James

Mailing Address 700 Greystone Park NE

City State Zip Code
Atlanta GA 30324-5297

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 ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: SA11A1.184390

Amount of Each Receipt this Period
85.00

Contribution

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

Mailing Address 402 Massie St

City State Zip Code
Atlanta TX 75551-2332

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

Name of Employer Occupation
Ward Timber Co., Inc. Forester

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2006

Transaction ID: SA11A1.185367

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **694.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Robert Kampia

Mailing Address 3106 16th St NW

City Washington State DC Zip Code 20010-3301

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

Name of Employer Marijuana Policy Project Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.184540

Amount of Each Receipt this Period
85.00

Contribution

B. Full Name (Last, First, Middle Initial)
Daniel M. Karlan

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 Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 659.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2006

Transaction ID: SA11A1.186285

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Suzanne Kattner

Mailing Address 131 Hawkins Road

City Taylorsville State GA Zip Code 30178-1822

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

Name of Employer Self Employed Occupation Restaurateur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2006

Transaction ID: SA11A1.184342

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	435.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 204
	<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

Full Name (Last, First, Middle Initial) A. Jeremy Keil		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 5620 S Denis Ct		Transaction ID: SA11A1.185162
City State Zip Code Hales Corners WI 53130-2148	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Thrivent Financial	Occupation Financial Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.00	

Full Name (Last, First, Middle Initial) B. Erik C Kelley		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 6617 S Palm Dr		Transaction ID: SA11A1.184472
City State Zip Code Tempe AZ 85283-3705	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Laboratory Corp. of America	Occupation Medical Lab Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. David L. Kitzmiller		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address 62 Mansfield Cir		Transaction ID: SA11A1.184606
City State Zip Code Greensboro NC 27455-2485	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Moses Cone Health System	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	575.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 204
	(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

Full Name (Last, First, Middle Initial) A. Douglas C. Klippel		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 8267 Persimmon Hill Ln		Transaction ID: SA11A1.184295
City State Zip Code Jacksonville FL 32256-3606	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Hogan Assessment Systems	Occupation Manager of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Chad Klunck		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 2121 Clark St Apt 2006		Transaction ID: SA11A1.184554
City State Zip Code Dallas TX 75204-2720	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer MCI WorldCom	Occupation SW Engineer	
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) C. Jeffrey A. Kopczynski		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 1222 Oakridge Dr		Transaction ID: SA11A1.184363
City State Zip Code Glendale CA 91205-3413	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	380.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 204
	<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

Full Name (Last, First, Middle Initial) A. George H Lane		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 795 Hammond Dr NE Apt 1012		Transaction ID: SA11A1.184201	
City State Zip Code Atlanta GA 30328-5535	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer GE Capital	Occupation Computer Tech.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Gerhard Langguth		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 243 White Rd		Transaction ID: SA11A1.185624	
City State Zip Code Russellville AR 72802-1140	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self-employed	Occupation Electronics Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Eric Lentz		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 8409 Estates Dr NE		Transaction ID: SA11A1.184127	
City State Zip Code Albuquerque NM 87122-2644	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer EOL Associates	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	530.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Walter Lineberger

Mailing Address 20 Towne Dr # 395

City Bluffton State SC Zip Code 29910-4204

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

Name of Employer Personalized Brokerage Service Occupation Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2006

Transaction ID: SA11A1.184762

Amount of Each Receipt this Period
 25.00

Contribution

B. Full Name (Last, First, Middle Initial)
Harland A Machia

Mailing Address 31 Townline Rd

City Grand Isle State VT Zip Code 05458-2563

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

Name of Employer Self Employed Occupation Software Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5471.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2006

Transaction ID: SA11A1.184953

Amount of Each Receipt this Period
 4641.00

Contribution

C. Full Name (Last, First, Middle Initial)
David Macko

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 none Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 379.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2006

Transaction ID: SA11A1.185944

Amount of Each Receipt this Period
 10.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	4676.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 204
	<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

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

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 none Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
389.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	0	6

Transaction ID: SA11A1.186033

Amount of Each Receipt this Period
10.00

Contribution

B. Full Name (Last, First, Middle Initial)
Donna Mancini

Mailing Address 719 Talon Pl

City Louisville State KY Zip Code 40223-5578

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

Name of Employer Jefferson Co Health Dept Occupation Registered Dietician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	0	6

Transaction ID: SA11A1.184423

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
David R Mason

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 ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	0	6

Transaction ID: SA11A1.185342

Amount of Each Receipt this Period
200.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	460.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 204
	<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

Full Name (Last, First, Middle Initial) A. Joe Masters		Date of Receipt MM / DD / YYYY 03 / 20 / 2006
Mailing Address 2620 Amberly Dr		Transaction ID: SA11A1.186431
City Atlanta	State GA	Zip Code 30360-2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.50
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.50	

Full Name (Last, First, Middle Initial) B. Donald L. McDaniel		Date of Receipt MM / DD / YYYY 03 / 15 / 2006
Mailing Address PO Box 1111		Transaction ID: SA11A1.186296
City Astoria	State OR	Zip Code 97103-1111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 178.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.00	

Full Name (Last, First, Middle Initial) C. Donald L. McDaniel		Date of Receipt MM / DD / YYYY 03 / 27 / 2006
Mailing Address PO Box 1111		Transaction ID: SA11A1.186704
City Astoria	State OR	Zip Code 97103-1111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.00	

SUBTOTAL of Receipts This Page (optional)	▶	303.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 204
	<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

Full Name (Last, First, Middle Initial) A. Patricia McQuiddy		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2006	
Mailing Address 175 Virginia Ter		Transaction ID: SA11A1.184371	
City Madison	State WI	Amount of Each Receipt this Period 250.00	
Zip Code 53726-5339		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Peter A. Meister		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2006	
Mailing Address 649 Cutter Ln		Transaction ID: SA11A1.185248	
City Elk Grove Village	State IL	Amount of Each Receipt this Period 359.00	
Zip Code 60007-6925		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested UOP Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Engineer Aggregate Year-to-Date ▼ 449.00		

Full Name (Last, First, Middle Initial) C. Greg Merrick		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006	
Mailing Address 1330 West Ave Apt 1609		Transaction ID: SA11A1.185667	
City Miami	State FL	Amount of Each Receipt this Period 150.00	
Zip Code 33139-0906		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	759.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Karin J Miles		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 1038 Gans Rd		Transaction ID: SA11A1.184367	
City State Zip Code Lake Oswego OR 97034-4930	Amount of Each Receipt this Period 309.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self Employed	Occupation Spiritual Director	Aggregate Year-to-Date ▼ 309.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Phillip H. Mitchell		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 983 S Thompson Rd Apt 119		Transaction ID: SA11A1.184385	
City State Zip Code Lafayette CA 94549-8318	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested	Occupation Information Requested	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Brent Moldenhauer		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 797 E Reagan Pkwy Apt 289		Transaction ID: SA11A1.184834	
City State Zip Code Medina OH 44256-1256	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer QM Bearings	Occupation Regional Sales Manager	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	659.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 204
	<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

A. Full Name (Last, First, Middle Initial) Bill Moore		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address PO Box 177		Transaction ID: SA11A1.183825	
City State Zip Code Challenge CA 95925-0177	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Bill Moore & Assoc.	Occupation Architect		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Chuck Moulton		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 1036 Hemlock Dr		Transaction ID: SA11A1.185349	
City State Zip Code Blue Bell PA 19422-1572	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Villanova Law School	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) George W Mowbray		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 3649 Burton Ln		Transaction ID: SA11A1.184474	
City State Zip Code Lake Charles LA 70605-1025	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Lake Charles Pilots, Inc.	Occupation River Pilot		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 204
	<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

Full Name (Last, First, Middle Initial) A. George A Murphy		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 404 N La Cienega Blvd		Transaction ID: SA11A1.184358	
City State Zip Code West Hollywood CA 90048-1907	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Cynthia L Myers		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 111 Elmwood Ave		Transaction ID: SA11A1.184742	
City State Zip Code Narberth PA 19072-2409	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Paul, Reich & Myers, P.C. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Richard Myers		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 111 Elmwood Ave		Transaction ID: SA11A1.184743	
City State Zip Code Narberth PA 19072-2409	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Paul, Reich & Myers, PC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 204
	<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

A. Full Name (Last, First, Middle Initial) Ed Nagel		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address PO Box 2823		Transaction ID: SA11A1.184917	
City Santa Fe	State NM	Amount of Each Receipt this Period 100.00	
Zip Code 87504-2823		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Santa Fe Community School	Occupation Educator, Writer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Ed Nagel		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address PO Box 2823		Transaction ID: SA11A1.184918	
City Santa Fe	State NM	Amount of Each Receipt this Period 100.00	
Zip Code 87504-2823		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Santa Fe Community School	Occupation Educator, Writer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) David Mark Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 3434 Forest Rd		Transaction ID: SA11A1.184894	
City Davenport	State IA	Amount of Each Receipt this Period 359.00	
Zip Code 52807-2434		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Roy R. Fishor Inc	Occupation Real Estate Appraiser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.00		

SUBTOTAL of Receipts This Page (optional) ▶	559.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 204
	<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

Full Name (Last, First, Middle Initial) A. David Mark Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 3434 Forest Rd		Transaction ID: SA11A1.184895	
City State Zip Code Davenport IA 52807-2434	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Roy R. Fishor Inc	Occupation Real Estate Appraiser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 489.00		

Full Name (Last, First, Middle Initial) B. David Mark Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 3434 Forest Rd		Transaction ID: SA11A1.184896	
City State Zip Code Davenport IA 52807-2434	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Roy R. Fishor Inc	Occupation Real Estate Appraiser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.00		

Full Name (Last, First, Middle Initial) C. Michael Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 912 White River Dr		Transaction ID: SA11A1.184411	
City State Zip Code Allen TX 75013-4848	Amount of Each Receipt this Period 618.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Intuit	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 668.00		

SUBTOTAL of Receipts This Page (optional) ▶	728.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Glenn L Nielsen

Mailing Address 1901 E Walnut St Apt 12

City Columbia State MO Zip Code 65201-6445

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

Name of Employer Univ. of MO System Occupation Computer Programmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
03 / 01 / 2006

Transaction ID: SA11A1.185228

Amount of Each Receipt this Period
30.00

Contribution

B. Full Name (Last, First, Middle Initial)
Scott Olmsted

Mailing Address 132 N. El Camino Real #336

City Encinitas State CA Zip Code 92024

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 ▼ 450.00

Date of Receipt
03 / 14 / 2006

Transaction ID: SA11A1.187259

Amount of Each Receipt this Period
225.00

Contribution

C. Full Name (Last, First, Middle Initial)
Kimberlee Parker

Mailing Address 430 Evans Rd

City Milpitas State CA Zip Code 95035-5042

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

Name of Employer Kim Parker Landscapes Occupation Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
03 / 01 / 2006

Transaction ID: SA11A1.184459

Amount of Each Receipt this Period
20.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 275.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Hugh Perrine

Mailing Address 36423 Camp Creek Rd

City Springfield State OR Zip Code 97478-8757

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

Name of Employer Self Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2006

Transaction ID: SA11A1.184349

Amount of Each Receipt this Period
 500.00

Contribution

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

Mailing Address 538 Spring Place Rd NE

City White State GA Zip Code 30184-2232

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2006

Transaction ID: SA11A1.185706

Amount of Each Receipt this Period
 100.00

Contribution

C. Full Name (Last, First, Middle Initial)
David Preston

Mailing Address 6714 Gaston Ave

City Dallas State TX Zip Code 75214-4028

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

Name of Employer Eastfield College Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2006

Transaction ID: SA11A1.184090

Amount of Each Receipt this Period
 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 204
	<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

Full Name (Last, First, Middle Initial) A. James Ranew		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address Uknown		Transaction ID: SA11A1.185297	
City State Zip Code Unknown		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer US Navy	Occupation Sailor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Edward Rawson		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 6431 Georgetown Pike		Transaction ID: SA11A1.184352	
City State Zip Code Mc Lean VA 22101-2211		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. William B Redpath		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 827 Anthony Ct SE		Transaction ID: SA11A1.183823	
City State Zip Code Leesburg VA 20175-5629		Amount of Each Receipt this Period 46.30	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer BIA Financial Network, Inc.	Occupation Financial Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.98		

SUBTOTAL of Receipts This Page (optional) ▶	5296.30
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 204
	<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

A. Full Name (Last, First, Middle Initial)
William B Redpath

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 ▼ 609.02

Date of Receipt
03 / 01 / 2006

Transaction ID: SA11A1.183824

Amount of Each Receipt this Period
37.04

Contribution

B. Full Name (Last, First, Middle Initial)
Carl D. Rigney

Mailing Address 4847 Hopyard Rd # 3334

City Pleasanton State CA Zip Code 94588-3360

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 16 / 2006

Transaction ID: SA11A1.184365

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Gary Bruce Rogers

Mailing Address 2833 Ringgold Dr

City Apex State NC Zip Code 27539-7431

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

Name of Employer EMC Corporation Occupation Production Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
03 / 23 / 2006

Transaction ID: SA11A1.184116

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1287.04
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial)
Gary Bruce Rogers

Mailing Address 2833 Ringgold Dr

City State Zip Code
Apex NC 27539-7431

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

Name of Employer Occupation
EMC Corporation Production Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2006

Transaction ID: SA11A1.184117

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Alex T. Rosalez

Mailing Address 6260 139th Ave NE Apt 73

City State Zip Code
Redmond WA 98052-9702

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

Name of Employer Occupation
Amazon.com Software Dev. Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.183714

Amount of Each Receipt this Period
85.00

Contribution

C. Full Name (Last, First, Middle Initial)
David P Ruby

Mailing Address 1119 E Le Marche Ave

City State Zip Code
Phoenix AZ 85022-3136

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

Name of Employer Occupation
Phoenix Emergency Physician In Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.184776

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	285.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 204
	<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

Full Name (Last, First, Middle Initial) A. Susan S Ruch		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 1031 Mechem Dr # 8		Transaction ID: SA11A1.185729
City Ruidoso	State NM	Zip Code 88345-7064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
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. Chris J. Rufer		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address 724 Main St		Transaction ID: SA11A1.185146
City Woodland	State CA	Zip Code 95695-3407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested The Morning Star Company	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Robert W Rulifson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 8106 Cattle Dr		Transaction ID: SA11A1.184406
City Austin	State TX	Zip Code 78749-3226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested International Sematech	Occupation Information Requested Librarian	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 204
	<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

A. Full Name (Last, First, Middle Initial) Brian Rushka Mailing Address 3765 Porter Creek Rd City Santa Rosa State CA Zip Code 95404-9612 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006 Transaction ID: SA11A1.183935 Amount of Each Receipt this Period 85.00 Contribution
Name of Employer Cisco Systems, Inc Occupation Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

B. Full Name (Last, First, Middle Initial) Mark W Rutherford Mailing Address 151 N Delaware St Ste 1900 City Indianapolis State IN Zip Code 46204-2505 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 Transaction ID: SA11A1.185161 Amount of Each Receipt this Period 359.00 Contribution
Name of Employer Thrasher Buschmann Griffith Voelkel Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.00	

C. Full Name (Last, First, Middle Initial) Mary Ruwart Mailing Address 109 Latigo Dr. City Burnet State TX Zip Code 78611 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006 Transaction ID: SA11A1.185731 Amount of Each Receipt this Period 50.00 Contribution
Name of Employer Healing Our World Books Occupation Owner - Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	494.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 204
	<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

Full Name (Last, First, Middle Initial) A. Emily H. Salvette		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 2016 Devonshire Rd		Transaction ID: SA11A1.186348	
City Ann Arbor	State MI	Zip Code 48104-4058	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 1009.00		

Full Name (Last, First, Middle Initial) B. Lawrence Keith Samuels		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 26765 Paseo Robles		Transaction ID: SA11A1.183906	
City Carmel	State CA	Zip Code 93923-9543	Amount of Each Receipt this Period 359.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Century 21 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Realtor Aggregate Year-to-Date ▼ 419.00		

Full Name (Last, First, Middle Initial) C. Gregory Sanborn		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 5315 Repecho Dr Apt A101		Transaction ID: SA11A1.184344	
City San Diego	State CA	Zip Code 92124-1716	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1409.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 204
	<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

Full Name (Last, First, Middle Initial) A. Stanley F Schmidt		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 3788 Portland Dr		Transaction ID: SA11A1.184356	
City State Zip Code Reno NV 89511-6036	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Richard Selzer		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 350 E Gobbi St		Transaction ID: SA11A1.184372	
City State Zip Code Ukiah CA 95482-5511	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Vibeke Seymour		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 1662 Green Meadow Ave		Transaction ID: SA11A1.185135	
City State Zip Code Tustin CA 92780-6659	Amount of Each Receipt this Period 718.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Staff Analyst Aggregate Year-to-Date ▼ 718.00		

SUBTOTAL of Receipts This Page (optional) ▶	1968.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 204
	<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

Full Name (Last, First, Middle Initial) A. Mark Shay		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006	
Mailing Address 7 Marshall Ct		Transaction ID: SA11A1.184102	
City State Zip Code Glen Mills PA 19342-2272	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer EDU, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Robert Shuford		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006	
Mailing Address 6 Whartons Way		Transaction ID: SA11A1.184717	
City State Zip Code Hampton VA 23669-1094	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Old Point National Bank	Occupation Information Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) C. Robban A Sica		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006	
Mailing Address 37 Lakewood Dr		Transaction ID: SA11A1.183900	
City State Zip Code Trumbull CT 06611-2446	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Center for the Healing Ar- t, PC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	435.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 204
	<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

A. Full Name (Last, First, Middle Initial)
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 Information Requested Occupation
Occupant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.184386

Amount of Each Receipt this Period
359.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jeffrey S Skinner

Mailing Address PO Box 7007

City State Zip Code
Northridge CA 91327-7007

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

Name of Employer Information Requested Occupation
Prism Mgt Co Inc Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: SA11A1.184810

Amount of Each Receipt this Period
75.00

Contribution

C. Full Name (Last, First, Middle Initial)
Douglas A. Skolnick

Mailing Address PO Box 159

City State Zip Code
Franklin Lakes NJ 07417-0159

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

Name of Employer Information Requested Occupation
Bankers Trust Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: SA11A1.183797

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	684.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 204
	<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

A. Full Name (Last, First, Middle Initial) Britton Smith Mailing Address 2824 28th Ave S City Minneapolis State MN Zip Code 55406-1514 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 Transaction ID: SA11A1.184346 Amount of Each Receipt this Period 250.00 Contribution
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Lloyd E. Smith Mailing Address 21 Franklin Ave City Oswego State NY Zip Code 13126-1755 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006 Transaction ID: SA11A1.184315 Amount of Each Receipt this Period 100.00 Contribution
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Kenneth K Snider Mailing Address 51 Ruggles ST City Wheelwright State MA Zip Code 01094 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006 Transaction ID: SA11A1.186859 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 204
	<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

Full Name (Last, First, Middle Initial) A. Joe Snyder		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006
Mailing Address 2763 Old Barn Trl		Transaction ID: SA11A1.184353
City Powder Springs	State GA	Zip Code 30127-5035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Clifford B. Sondock		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006
Mailing Address 6 Crane Rd		Transaction ID: SA11A1.185052
City Huntington	State NY	Zip Code 11743-1733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested Spiegel Assoc.	Occupation Information Requested Real Estate	Contribution
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) C. George Squyres		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2006
Mailing Address PO Box 30697		Transaction ID: SA11A1.186653
City Flagstaff	State AZ	Zip Code 86003-0697
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	▶	625.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 204
	<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

Full Name (Last, First, Middle Initial) A. Michael Stevenson		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 1504 S Curtiss Dr		Transaction ID: SA11A1.183870	
City Urbana	State IL	Zip Code 61802-5551	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Busey Bank	Occupation banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Peter Strudwick		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address PO Box 639		Transaction ID: SA11A1.184350	
City Blythe	State CA	Zip Code 92226-0639	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) C. Robert Sullentrup		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 140 Hunters Rdg		Transaction ID: SA11A1.183960	
City Saint Charles	State MO	Zip Code 63301-0427	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Collaboratech	Occupation Computer Tech.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 489.00		

SUBTOTAL of Receipts This Page (optional) ▶	510.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 204
	<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

A. Full Name (Last, First, Middle Initial) Robert Sullentrup Mailing Address 140 Hunters Rdg City Saint Charles State MO Zip Code 63301-0427 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 Transaction ID: SA11A1.183961 Amount of Each Receipt this Period 532.50 Contribution
Name of Employer Collaboratech Occupation Computer Tech. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1021.50		

B. Full Name (Last, First, Middle Initial) Charles D Test Mailing Address 2710 2nd Ave S City Minneapolis State MN Zip Code 55408-1710 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006 Transaction ID: SA11A1.185764 Amount of Each Receipt this Period 150.00 Contribution
Name of Employer Self Employed Occupation Landlord Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Byron Thompson Mailing Address 2334 New Hope Church Rd City Monroe State GA Zip Code 30655-5503 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006 Transaction ID: SA11A1.184763 Amount of Each Receipt this Period 250.00 Contribution
Name of Employer Peters Distrib. Occupation sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	932.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 204
	<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

Full Name (Last, First, Middle Initial) A. Jennifer Thompson		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 65 Pennsylvania Ave		Transaction ID: SA11A1.184723	
City State Zip Code Tuckahoe NY 10707-2327	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Oppenheimer Co Inc Equity Research Analyst	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Paul G. Thompson		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 72 Helios Ct		Transaction ID: SA11A1.184268	
City State Zip Code Newark DE 19711-5915	Amount of Each Receipt this Period 359.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Hay Group Programmer/Analyst	Aggregate Year-to-Date 359.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Charles Tolman		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 1304 Raintree Cir		Transaction ID: SA11A1.185183	
City State Zip Code Culver City CA 90230-4443	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Treyarch Corp. Technical Director	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	709.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 204
	<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

Full Name (Last, First, Middle Initial) A. Kevin Anthony Torres		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 2020 Peach Orchard Dr Apt 14		Transaction ID: SA11A1.184628	
City Falls Church	State VA	Zip Code 22043-2047	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer N/A	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 419.00		

Full Name (Last, First, Middle Initial) B. D A Tuma		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 4805 Winter Oak Way		Transaction ID: SA11A1.184368	
City Antelope	State CA	Zip Code 95843-5820	Amount of Each Receipt this Period 359.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.00		

Full Name (Last, First, Middle Initial) C. Matthew Ungs		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 2631 Normandy Rd		Transaction ID: SA11A1.184825	
City Charlotte	State NC	Zip Code 28209-1722	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Prudential		Occupation Healthcare Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	454.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 204
	<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

A. Full Name (Last, First, Middle Initial)
Jim Van Evera

Mailing Address 7948 Martinsburg Pike

City State Zip Code
Shepherdstown WV 25443-3679

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

Name of Employer Occupation
Vesunius Leasing Sales

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

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: SA11A1.185345

Amount of Each Receipt this Period
200.00

Contribution

B. Full Name (Last, First, Middle Initial)
Eric Vorrie

Mailing Address 1352 W Desert Dew Pl

City State Zip Code
Tucson AZ 85737-9257

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

Name of Employer Occupation
ScriptSave Information Security

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

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: SA11A1.184930

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Arch Wakefield

Mailing Address 3047 Point Clear Dr

City State Zip Code
Tega Cay SC 29708-8542

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

Name of Employer Occupation
None Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 235.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.185776

Amount of Each Receipt this Period
75.00

Contribution

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 204
	<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

Full Name (Last, First, Middle Initial) A. Dougin Walker		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 20 S Hill Rd		Transaction ID: SA11A1.185916
City State Zip Code Hopewell NJ 08525-2608	Amount of Each Receipt this Period 148.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self Occupation Computer Programmer	Aggregate Year-to-Date ▼ 296.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Warden		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 9310 Ram Cliffs Pl		Transaction ID: SA11A1.184759
City State Zip Code Las Vegas NV 89148-2743	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Perma-Bilt Homes Occupation Real Estate Sales	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dan B. Waylonis		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 404 Stierlin Rd		Transaction ID: SA11A1.183748
City State Zip Code Mountain View CA 94043-4622	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Apple Computer Occupation Software Engineer	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	408.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 204
	<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

Full Name (Last, First, Middle Initial) A. Paul Wendling		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 6865 Grissom Pkwy		Transaction ID: SA11A1.185784
City State Zip Code Cocoa FL 32927-8338	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. George R. Whitfield		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 45107 Tarney Wood Dr		Transaction ID: SA11A1.184250
City State Zip Code Portsmouth VA 23703	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Halcyon Search International Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Search Consultant Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. George R. Whitfield		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address 45107 Tarney Wood Dr		Transaction ID: SA11A1.184251
City State Zip Code Portsmouth VA 23703	Amount of Each Receipt this Period 359.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Halcyon Search International Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Search Consultant Aggregate Year-to-Date ▼ 779.00	

SUBTOTAL of Receipts This Page (optional) ▶	544.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 204
	<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

Full Name (Last, First, Middle Initial) A. George R. Whitfield		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 45107 Tarney Wood Dr		Transaction ID: SA11A1.184252
City State Zip Code Portsmouth VA 23703	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Halcyon Search International	Occupation Executive Search Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1029.00	

Full Name (Last, First, Middle Initial) B. Wayne G Whitmore		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006
Mailing Address 333 E 68th St # 6-C		Transaction ID: SA11A1.184359
City State Zip Code New York NY 10021-5693	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Wayne G Whitmore		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address 333 E 68th St # 6-C		Transaction ID: SA11A1.186405
City State Zip Code New York NY 10021-5693	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	525.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 204
	<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

Full Name (Last, First, Middle Initial) A. Brett E. Wilhelm		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address PO Box 940		Transaction ID: SA11A1.185187	
City Freeland	State WA	Zip Code 98249-0940	Amount of Each Receipt this Period 359.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Tru G. Wilhelm, Inc.	Occupation Corp. Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.00		

Full Name (Last, First, Middle Initial) B. Peter M. Wilkie		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 3229 97th Dr SE		Transaction ID: SA11A1.184674	
City Everett	State WA	Zip Code 98205-3005	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 439.00		

Full Name (Last, First, Middle Initial) C. Cheslaw Wisniewski		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 3940 Sinclair Shores Rd		Transaction ID: SA11A1.186129	
City Cumming	State GA	Zip Code 30041-5415	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

SUBTOTAL of Receipts This Page (optional) ▶	419.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 204
	<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

Full Name (Last, First, Middle Initial) A. Eberhard P Woerz		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 2829 Tiburon Way		Transaction ID: SA11A1.184360	
City State Zip Code Burlingame CA 94010-5841	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation None Retired	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David T Yett		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 1038 Gans Rd		Transaction ID: SA11A1.183686	
City State Zip Code Lake Oswego OR 97034-4930	Amount of Each Receipt this Period 309.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation ADP, Inc. SW Engineer	Aggregate Year-to-Date ▼ 309.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael R. Young		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address 2500 Keating Ln		Transaction ID: SA11A1.184725	
City State Zip Code Austin TX 78703-2318	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation Self Employed Optometrist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	809.00
TOTAL This Period (last page this line number only) ▶	58510.34

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 204
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
BADNARIK FOR CONGRESS

Mailing Address 6633 HIGHWAY 290 E SUITE 100

City State Zip Code
AUSTIN TX 78723

FEC ID number of contributing federal political committee. **C** C00414615

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11C.187248

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
BADNARIK FOR CONGRESS

Mailing Address 6633 HIGHWAY 290 E SUITE 100

City State Zip Code
AUSTIN TX 78723

FEC ID number of contributing federal political committee. **C** C00414615

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: SA11C.187250

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 204
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
LPWI - LIBERTARIAN PARTY OF WISCONSIN

Mailing Address PO BOX 20815

City GREENFIELD State WI Zip Code 53220

FEC ID number of contributing federal political committee. **C** C00387035

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
146.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	6

Transaction ID: SA12.187246

Amount of Each Receipt this Period
48.75

Transfer from Affiliated Party

B. Full Name (Last, First, Middle Initial)
LPWI - LIBERTARIAN PARTY OF WISCONSIN

Mailing Address PO BOX 20815

City GREENFIELD State WI Zip Code 53220

FEC ID number of contributing federal political committee. **C** C00387035

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
195.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	6

Transaction ID: SA12.187247

Amount of Each Receipt this Period
48.75

Transfer from Affiliated Party

SUBTOTAL of Receipts This Page (optional)	▶	97.50
TOTAL This Period (last page this line number only)	▶	97.50

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

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

FOR LINE NUMBER: (check only one)

PAGE 70 / 204

<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

Full Name (Last, First, Middle Initial) A. Advanced Mailing Services, LLC		Transaction ID: SB21B.186936 Date of Disbursement
Mailing Address 14970 Farm Creek Drive		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Woodbridge	State VA	Zip Code 22191-3550
Purpose of Disbursement Party Mailing, Printing and Postage Serv	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. Advanced Mailing Services, LLC		Transaction ID: SB21B.186937 Date of Disbursement
Mailing Address 14970 Farm Creek Drive		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Woodbridge	State VA	Zip Code 22191-3550
Purpose of Disbursement Party Mailing, Printing and Postage Serv	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. Advanced Mailing Services, LLC		Transaction ID: SB21B.186938 Date of Disbursement
Mailing Address 14970 Farm Creek Drive		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Woodbridge	State VA	Zip Code 22191-3550
Purpose of Disbursement Party Mailing, Printing and Postage Serv	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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 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

Full Name (Last, First, Middle Initial) A. Advanced Mailing Services, LLC		Transaction ID: SB21B.186939
Mailing Address 14970 Farm Creek Drive		Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
City Woodbridge	State VA	Zip Code 22191-3550
Purpose of Disbursement Party Mailing, Printing and Postage Serv		Amount of Each Disbursement this Period 3218.42
Candidate Name		003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Advanced Mailing Services, LLC		Transaction ID: SB21B.186940
Mailing Address 14970 Farm Creek Drive		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
City Woodbridge	State VA	Zip Code 22191-3550
Purpose of Disbursement Party Mailing, Printing and Postage Serv		Amount of Each Disbursement this Period 1805.61
Candidate Name		003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Advanced Mailing Services, LLC		Transaction ID: SB21B.186941
Mailing Address 14970 Farm Creek Drive		Date of Disbursement MM / DD / YYYY 03 / 27 / 2006
City Woodbridge	State VA	Zip Code 22191-3550
Purpose of Disbursement Party Mailing, Printing and Postage Serv		Amount of Each Disbursement this Period 641.07
Candidate Name		003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5665.10
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

Full Name (Last, First, Middle Initial) A. American Express Card -42007		Transaction ID: SB21B.187018	
Mailing Address PO Box 1270		Date of Disbursement MM / DD / YYYY 03 / 30 / 2006	
City Newark	State NJ	Zip Code 07101-1270	Amount of Each Disbursement this Period 9646.12
Purpose of Disbursement See Attached Memos		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Accurint		Transaction ID: SB21B.187018.0	
Mailing Address P.O. Box 538358		Date of Disbursement MM / DD / YYYY 03 / 30 / 2006	
City Atlanta	State GA	Zip Code 30353-8358	Amount of Each Disbursement this Period 203.15
Purpose of Disbursement AlumniFinder Donor Address Search		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. American Express Card -42007		Transaction ID: SB21B.187018.1	
Mailing Address PO Box 1270		Date of Disbursement MM / DD / YYYY 03 / 30 / 2006	
City Newark	State NJ	Zip Code 07101-1270	Amount of Each Disbursement this Period 115.75
Purpose of Disbursement American Express Finance Charges		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

9646.12

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 204

<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

Full Name (Last, First, Middle Initial) A. Atlantic Mailing Systems Inc.		Transaction ID: SB21B.187018.3 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 7459 Old Alexandria Ferry Rd.		Amount of Each Disbursement this Period 343.36
City Clinton State MD Zip Code 20735	[MEMO ITEM]	
Purpose of Disbursement Postage Machine Maintenance Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bang Music		Transaction ID: SB21B.187018.4 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 261 Garrisonville Road		Amount of Each Disbursement this Period 308.64
City Stafford State VA Zip Code 22554	[MEMO ITEM]	
Purpose of Disbursement Microphone for Online Class Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: SB21B.187018.5 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address PO Box 9312		Amount of Each Disbursement this Period 839.99
City Minneapolis State MN Zip Code 55440	[MEMO ITEM]	
Purpose of Disbursement Projector Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. British Airways US Full Name (Last, First, Middle Initial) Mailing Address 565 Fifth Ave City NY State NY Zip Code 20017 Purpose of Disbursement Convention Speaker Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.187018.6 Date of Disbursement 03 / 30 / 2006 Amount of Each Disbursement this Period 4533.10 [MEMO ITEM]
---	--	---

B. Central Parking System Full Name (Last, First, Middle Initial) Mailing Address PO Box 17505 City Baltimore State MD Zip Code 21297-1505 Purpose of Disbursement Parking Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.187018.7 Date of Disbursement 03 / 30 / 2006 Amount of Each Disbursement this Period 190.00 [MEMO ITEM]
--	--	--

C. Delta Airlines Full Name (Last, First, Middle Initial) Mailing Address 1030 Delta Blvd, City Atlanta State GA Zip Code 30354 Purpose of Disbursement Staff Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.187018.9 Date of Disbursement 03 / 30 / 2006 Amount of Each Disbursement this Period 438.70 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 204

<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

Full Name (Last, First, Middle Initial) A. Everyones Internet		Transaction ID: SB21B.187018.10 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 2600 Southwest Freeway Suite 500		Amount of Each Disbursement this Period 299.00
City Houston State TX Zip Code 77058	[MEMO ITEM]	
Purpose of Disbursement Website Server Maintenance Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Google Ad Works		Transaction ID: SB21B.187018.11 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 241.36
City Mt. View State CA Zip Code 94043-1351	[MEMO ITEM]	
Purpose of Disbursement Web Directory Services Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Safeway Stores Inc.		Transaction ID: SB21B.187018.16 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 2550 Virginia Ave NW		Amount of Each Disbursement this Period 10.50
City Washington State DC Zip Code 20037	[MEMO ITEM]	
Purpose of Disbursement Office Supplies Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 204

<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

Full Name (Last, First, Middle Initial)

A. Video Monitoring Services

Mailing Address 330 West 42nd Street

City New York State NY Zip Code 10036

Purpose of Disbursement
Media Monitoring Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.187018.17

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

1062.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. XPE1 - Xpedite

Mailing Address Dept 1268

City Chicago State IL Zip Code 60674-1268

Purpose of Disbursement
Fax Blast

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.187018.18

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

457.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Yahoo Search Market

Mailing Address 701 1st Ave.

City Sunnyvale State CA Zip Code 94089

Purpose of Disbursement
Media Monitoring Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.187018.19

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. B & B Duplicators		Transaction ID: SB21B.187103 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 818 18th Street NW LL15		Amount of Each Disbursement this Period 1395.90
City Washington State DC Zip Code 20006	003 Category/ Type	
Purpose of Disbursement Party Printing/Mailing/Postage Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. B & B Duplicators		Transaction ID: SB21B.187104 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 818 18th Street NW LL15		Amount of Each Disbursement this Period 793.13
City Washington State DC Zip Code 20006	003 Category/ Type	
Purpose of Disbursement Party Printing/Mailing/Postage Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. B & B Duplicators		Transaction ID: SB21B.187105 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 818 18th Street NW LL15		Amount of Each Disbursement this Period 666.23
City Washington State DC Zip Code 20006	003 Category/ Type	
Purpose of Disbursement Party Printing/Mailing/Postage Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2855.26
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. B & B Duplicators		Transaction ID: SB21B.187106 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 818 18th Street NW LL15		Amount of Each Disbursement this Period 338.40
City Washington State DC Zip Code 20006		
Purpose of Disbursement Party Printing/Mailing/Postage Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BentleyForbes Watergate LLC		Transaction ID: SB21B.186951 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1578 Paysphere Circle		Amount of Each Disbursement this Period 10095.16
City Chicago State IL Zip Code 60674		
Purpose of Disbursement Office and Storage Rent Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wanda O Brown,		Transaction ID: SB21B.187141 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 21306 Blackjack Road		Amount of Each Disbursement this Period 100.00
City Culpepper State VA Zip Code 22701		
Purpose of Disbursement Direct Mail Consulting Non Candidate Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10533.56
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. CANANWILL, INC		Transaction ID: SB21B.186952 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box # 19639		Amount of Each Disbursement this Period 758.36
City Newark State NJ Zip Code 07195-0639	Purpose of Disbursement Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CareFirst BlueChoice (Sam New)		Transaction ID: SB21B.186953 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 79749		Amount of Each Disbursement this Period 166.00
City Baltimore State MD Zip Code 21279-0749	Purpose of Disbursement Employee Health Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carefirst CapitalCare (Robert)		Transaction ID: SB21B.186954 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 98.00
City Baltimore State MD Zip Code 21279-0749	Purpose of Disbursement Employee Health Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1022.36
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. J. Daniel Cloud		Transaction ID: SB21B.186886 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address 1013 Price Ave		Amount of Each Disbursement this Period 1750.00	
City Columbia State SC Zip Code 29201	Purpose of Disbursement LP News Writing - Editing Services - Non	003 Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. J. Daniel Cloud		Transaction ID: SB21B.186887 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address 1013 Price Ave		Amount of Each Disbursement this Period 1750.00	
City Columbia State SC Zip Code 29201	Purpose of Disbursement LP News Writing - Editing Services - Non	003 Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Commonwealth Digital Office Solutions		Transaction ID: SB21B.187142 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address 21205 Ridgetop Circle		Amount of Each Disbursement this Period 125.01	
City Sterling State VA Zip Code 20166-6501	Purpose of Disbursement Equipment Lease	001 Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3625.01
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Cook Political Report		Transaction ID: SB21B.186957
Mailing Address 600 New hampshire Ave NW		Date of Disbursement MM / DD / YYYY 03 / 27 / 2006
City Washington	State DC	Amount of Each Disbursement this Period 343.69
Zip Code 20037		
Purpose of Disbursement CPR Magazine Subscription	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Shane Cory		Transaction ID: SB21B.186861
Mailing Address 5 Burwell Place		Date of Disbursement MM / DD / YYYY 03 / 08 / 2006
City Stafford	State VA	Amount of Each Disbursement this Period 2091.80
Zip Code 22554		
Purpose of Disbursement Employee Net Pay	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Shane Cory		Transaction ID: SB21B.186862
Mailing Address 5 Burwell Place		Date of Disbursement MM / DD / YYYY 03 / 22 / 2006
City Stafford	State VA	Amount of Each Disbursement this Period 2091.81
Zip Code 22554		
Purpose of Disbursement Employee Net Pay	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	4527.30
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

Full Name (Last, First, Middle Initial) A. Cory Consulting		Transaction ID: SB21B.187145 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 325 Garrisonville Road Suite 106		Amount of Each Disbursement this Period 930.00
City Stafford State VA Zip Code 22554	001 Category/Type	
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Cory Consulting		Transaction ID: SB21B.187146 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 325 Garrisonville Road Suite 106		Amount of Each Disbursement this Period 930.00
City Stafford State VA Zip Code 22554	001 Category/Type	
Purpose of Disbursement Internet List Services Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Cory Consulting		Transaction ID: SB21B.187147 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 325 Garrisonville Road Suite 106		Amount of Each Disbursement this Period 930.00
City Stafford State VA Zip Code 22554	001 Category/Type	
Purpose of Disbursement Internet List Services Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2790.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Matthew T Dailey		Transaction ID: SB21B.186863 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 3515 Washington Blvd #511		Amount of Each Disbursement this Period 946.61
City Arlington State VA Zip Code 22201	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Matthew T Dailey		Transaction ID: SB21B.186864 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 3515 Washington Blvd #511		Amount of Each Disbursement this Period 946.61
City Arlington State VA Zip Code 22201	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Dataprise		Transaction ID: SB21B.187151 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 17672		Amount of Each Disbursement this Period 1901.25
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Internet Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	3794.47
TOTAL This Period (last page this line number only) ▶	(Empty field)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Dataprise		Transaction ID: SB21B.187152 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 17672		Amount of Each Disbursement this Period 990.00
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Internet Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. DC Office of Tax & Revenue		Transaction ID: SB21B.186895 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 941 North Capitol St, NE 6th Flr		Amount of Each Disbursement this Period 25.11
City Washington State DC Zip Code 20002	Purpose of Disbursement DC - Admin. Funding Assessment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. DC Office of Tax & Revenue		Transaction ID: SB21B.186898 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 941 North Capitol St, NE 6th Flr		Amount of Each Disbursement this Period 128.26
City Washington State DC Zip Code 20002	Purpose of Disbursement DC - Unemployment Company Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	1143.37
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. DC Office of Tax & Revenue		Transaction ID: SB21B.186901 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 941 North Capitol St, NE 6th Flr		Amount of Each Disbursement this Period 159.00
City Washington State DC Zip Code 20002	Purpose of Disbursement DC - Withholding Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. DC Office of Tax & Revenue		Transaction ID: SB21B.186896 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 941 North Capitol St, NE 6th Flr		Amount of Each Disbursement this Period 1.96
City Washington State DC Zip Code 20002	Purpose of Disbursement DC - Admin. Funding Assessment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. DC Office of Tax & Revenue		Transaction ID: SB21B.186899 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 941 North Capitol St, NE 6th Flr		Amount of Each Disbursement this Period 12.70
City Washington State DC Zip Code 20002	Purpose of Disbursement DC - Unemployment Company Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	173.66
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

Full Name (Last, First, Middle Initial) A. DC Office of Tax & Revenue		Transaction ID: SB21B.186897 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 941 North Capitol St, NE 6th Flr		Amount of Each Disbursement this Period 18.43
City Washington State DC Zip Code 20002	Purpose of Disbursement DC - Admin. Funding Assessment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. DC Office of Tax & Revenue		Transaction ID: SB21B.186900 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 941 North Capitol St, NE 6th Flr		Amount of Each Disbursement this Period 107.85
City Washington State DC Zip Code 20002	Purpose of Disbursement DC - Unemployment Company Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. DC Office of Tax & Revenue		Transaction ID: SB21B.186902 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 941 North Capitol St, NE 6th Flr		Amount of Each Disbursement this Period 113.00
City Washington State DC Zip Code 20002	Purpose of Disbursement DC - Withholding Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	239.28
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

<p>A. Full Name (Last, First, Middle Initial) Susan M Dickson</p>		<p>Transaction ID: SB21B.186865 Date of Disbursement</p>	
<p>Mailing Address 3410 Vineland Place</p>		<p><input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2006"/></p>	
<p>City Dumfries</p>	<p>State VA</p>	<p>Zip Code 22026</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Employee Net Pay</p>		<p><input type="text" value="001"/></p>	<p><input type="text" value="776.04"/></p>
<p>Candidate Name</p>		<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>B. Full Name (Last, First, Middle Initial) Susan M Dickson</p>		<p>Transaction ID: SB21B.186866 Date of Disbursement</p>	
<p>Mailing Address 3410 Vineland Place</p>		<p><input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2006"/></p>	
<p>City Dumfries</p>	<p>State VA</p>	<p>Zip Code 22026</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Employee Net Pay</p>		<p><input type="text" value="001"/></p>	<p><input type="text" value="844.96"/></p>
<p>Candidate Name</p>		<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>C. Full Name (Last, First, Middle Initial) Gladis A Douwopka</p>		<p>Transaction ID: SB21B.186867 Date of Disbursement</p>	
<p>Mailing Address 311 Dawsons Ave, Apt #6</p>		<p><input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2006"/></p>	
<p>City Rockville</p>	<p>State MD</p>	<p>Zip Code 20850</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Employee Net Pay</p>		<p><input type="text" value="001"/></p>	<p><input type="text" value="660.86"/></p>
<p>Candidate Name</p>		<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2281.86"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Gladis A Douwopka		Transaction ID: SB21B.186868 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 311 Dawsons Ave, Apt #6		Amount of Each Disbursement this Period 805.50
City Rockville State MD Zip Code 20850	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Paula Edwards, CPA		Transaction ID: SB21B.187156 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1318 Roxanna Road NW		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20012	Purpose of Disbursement FEC Compliance/File Retrieval/Repair Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Paula Edwards, CPA		Transaction ID: SB21B.187157 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1318 Roxanna Road NW		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20012	Purpose of Disbursement FEC Compliance/File Retrieval/Repair Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	4305.50
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

Full Name (Last, First, Middle Initial) A. ENTCO Int. Inc		Transaction ID: SB21B.187160	
Mailing Address 20016 Cedar Valley Road		Date of Disbursement MM / DD / YYYY 03 / 07 / 2006	
City Lynnwood	State WA	Zip Code 98036	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Convention Services		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ENTCO Int. Inc		Transaction ID: SB21B.187162	
Mailing Address 20016 Cedar Valley Road		Date of Disbursement MM / DD / YYYY 03 / 15 / 2006	
City Lynnwood	State WA	Zip Code 98036	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Convention Services		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ENTCO Int. Inc		Transaction ID: SB21B.187163	
Mailing Address 20016 Cedar Valley Road		Date of Disbursement MM / DD / YYYY 03 / 15 / 2006	
City Lynnwood	State WA	Zip Code 98036	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Convention Services		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. ENTCO Int. Inc		Transaction ID: SB21B.187166 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 20016 Cedar Valley Road		Amount of Each Disbursement this Period 2000.00
City Lynnwood State WA Zip Code 98036	Purpose of Disbursement Convention Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: SB21B.186969 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 214.99
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping and Mailing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: SB21B.186970 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 69.68
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping and Mailing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	2284.67
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: SB21B.186971 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 118.56
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Shipping and Mailing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Financial Agent Federal Tax Deposit		Transaction ID: SB21B.186903 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 970030		Amount of Each Disbursement this Period 64.16
City St. Louis State MO Zip Code 63197-0030	Purpose of Disbursement Federal Unemployment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Financial Agent Federal Tax Deposit		Transaction ID: SB21B.186906 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 970030		Amount of Each Disbursement this Period 1037.00
City St. Louis State MO Zip Code 63197-0030	Purpose of Disbursement Federal Withholding Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	1219.72
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Financial Agent Federal Tax Deposit		Transaction ID: SB21B.186911 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 970030		Amount of Each Disbursement this Period 182.10
City St. Louis State MO Zip Code 63197-0030	Purpose of Disbursement Medicare Company Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Financial Agent Federal Tax Deposit		Transaction ID: SB21B.186914 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 970030		Amount of Each Disbursement this Period 182.10
City St. Louis State MO Zip Code 63197-0030	Purpose of Disbursement Medicare Employee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Financial Agent Federal Tax Deposit		Transaction ID: SB21B.186928 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 970030		Amount of Each Disbursement this Period 778.63
City St. Louis State MO Zip Code 63197-0030	Purpose of Disbursement Social Security Company Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	1142.83
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186931																					
A. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	7		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030	778.63																				
Purpose of Disbursement Social Security Employee		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name		Category/Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186904																					
B. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030	7.81																				
Purpose of Disbursement Federal Unemployment		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name		Category/Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186907																					
C. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030	54.00																				
Purpose of Disbursement Federal Withholding		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name		Category/Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	▶	840.44
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186912																					
A. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030																					
Purpose of Disbursement Medicare Company		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001	<table border="1"> <tr> <td>14.17</td> </tr> </table>	14.17																		
001																							
14.17																							
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186915																					
B. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030																					
Purpose of Disbursement Medicare Employee		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001	<table border="1"> <tr> <td>14.17</td> </tr> </table>	14.17																		
001																							
14.17																							
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186929																					
C. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030																					
Purpose of Disbursement Social Security Company		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001	<table border="1"> <tr> <td>60.57</td> </tr> </table>	60.57																		
001																							
60.57																							
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	▶	<table border="1"> <tr> <td>88.91</td> </tr> </table>	88.91
88.91			
TOTAL This Period (last page this line number only)	▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 96 / 204

<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

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186932																					
A. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030	60.57																				
Purpose of Disbursement Social Security Employee		001																					
Candidate Name		Category/ Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186905																					
B. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030	36.21																				
Purpose of Disbursement Federal Unemployment		001																					
Candidate Name		Category/ Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186908																					
C. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030	927.00																				
Purpose of Disbursement Federal Withholding		001																					
Candidate Name		Category/ Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	▶	1023.78
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

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186913																					
A. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030	159.32																				
Purpose of Disbursement Medicare Company		001 Category/ Type																					
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186916																					
B. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030	159.32																				
Purpose of Disbursement Medicare Employee		001 Category/ Type																					
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186930																					
C. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030	681.26																				
Purpose of Disbursement Social Security Company		001 Category/ Type																					
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	999.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 / 204

<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

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186933																					
A. Financial Agent Federal Tax Deposit		Date of Disbursement																					
Mailing Address PO Box 970030		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
St. Louis	MO	63197-0030	681.26																				
Purpose of Disbursement Social Security Employee		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name		Category/Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186974																					
B. FP Mailing Solutions		Date of Disbursement																					
Mailing Address Dept 4272		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Carol Stream	IL	60122-4272	24.60																				
Purpose of Disbursement Postage and Meter Resets		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name		Category/Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.186975																					
C. FP Mailing Solutions		Date of Disbursement																					
Mailing Address Dept 4272		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Carol Stream	IL	60122-4272	200.00																				
Purpose of Disbursement Postage and Meter Resets		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name		Category/Type																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	▶	905.86
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 99 / 204

<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

Full Name (Last, First, Middle Initial) A. Graham P Garlinghouse		Transaction ID: SB21B.186869	
Mailing Address 2031 F St. NW #201		Date of Disbursement MM / DD / YYYY 03 / 08 / 2006	
City Washington	State DC	Zip Code 20052	Amount of Each Disbursement this Period 136.37
Purpose of Disbursement Employee Net Pay		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Graham P Garlinghouse		Transaction ID: SB21B.186870	
Mailing Address 2031 F St. NW #201		Date of Disbursement MM / DD / YYYY 03 / 22 / 2006	
City Washington	State DC	Zip Code 20052	Amount of Each Disbursement this Period 54.64
Purpose of Disbursement Employee Net Pay		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Gordon Media Consulting		Transaction ID: SB21B.186977	
Mailing Address 2624-A Niazuma Ave South		Date of Disbursement MM / DD / YYYY 03 / 28 / 2006	
City Birmingham	State AL	Zip Code 35205	Amount of Each Disbursement this Period 280.00
Purpose of Disbursement LLS Instructing Services		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	471.01
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 204

<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

Full Name (Last, First, Middle Initial) A. Great American Leasing		Transaction ID: SB21B.186978 Date of Disbursement
Mailing Address 8742 Innovation		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60682-0087
Purpose of Disbursement Postage Meter Lease	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="463.68"/>

Full Name (Last, First, Middle Initial) B. Integram		Transaction ID: SB21B.187168 Date of Disbursement
Mailing Address 8421 Hilltop Rd.		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Fairfax	State VA	Zip Code 22031-4316
Purpose of Disbursement Non Candidate Printing Service	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. J&N Printing		Transaction ID: SB21B.187169 Date of Disbursement
Mailing Address 5495 Glenthorne Court		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Baltimore	State MD	Zip Code 21237
Purpose of Disbursement Non Candidate Printing Mailing	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2333.46"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3797.14"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. J&N Printing		Transaction ID: SB21B.187171 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 5495 Glenthorne Court		Amount of Each Disbursement this Period 2289.75
City Baltimore State MD Zip Code 21237	003 Category/ Type	
Purpose of Disbursement Non Candidate Printing/Mailing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. J&N Printing		Transaction ID: SB21B.187173 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 5495 Glenthorne Court		Amount of Each Disbursement this Period 1837.00
City Baltimore State MD Zip Code 21237	003 Category/ Type	
Purpose of Disbursement Non Candidate Printing/Mailing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Joe Ragan's		Transaction ID: SB21B.186983 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address PO Box 125		Amount of Each Disbursement this Period 1203.51
City Springfield State VA Zip Code 22150-0125	001 Category/ Type	
Purpose of Disbursement Office Supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5330.26
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 204

<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

Full Name (Last, First, Middle Initial) A. Joe Ragan's		Transaction ID: SB21B.187176 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address PO Box 125		Amount of Each Disbursement this Period 146.75
City Springfield	State VA Zip Code 22150-0125	
Purpose of Disbursement Office Supplies Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert S Kraus		Transaction ID: SB21B.186871 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 106 Roberts Ln #100		Amount of Each Disbursement this Period 1376.58
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Employee Net Pay Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robert S Kraus		Transaction ID: SB21B.186872 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 106 Roberts Ln #100		Amount of Each Disbursement this Period 1376.59
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Employee Net Pay Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2899.92
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. John V LaBeaume		Transaction ID: SB21B.186873 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 1906 R St NW #12		Amount of Each Disbursement this Period 1007.40
City Washington State DC Zip Code 20009	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) B. John V LaBeaume		Transaction ID: SB21B.186874 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 1906 R St NW #12		Amount of Each Disbursement this Period 658.27
City Washington State DC Zip Code 20009	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) C. MAMSI - UnitedHealth (WFG)		Transaction ID: SB21B.186984 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 42924		Amount of Each Disbursement this Period 362.64
City Philadelphia State PA Zip Code 19101-2924	Purpose of Disbursement Employee Health Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	2028.31
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Merchant Services		Transaction ID: SB21B.186985	
Mailing Address 890 Mountain Ave		Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
City New Providence	State NJ	Zip Code 07974-0000	Amount of Each Disbursement this Period 1960.55
Purpose of Disbursement Merch Fees	<input type="text" value="001"/> Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. MSI-ACI Holding LLC		Transaction ID: SB21B.186986	
Mailing Address 650 Park Avenue		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006	
City King of Prussia	State PA	Zip Code 19406	Amount of Each Disbursement this Period 4035.00
Purpose of Disbursement Market Reasearch Study	<input type="text" value="001"/> Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. David Mark Nelson		Transaction ID: SB21B.186891	
Mailing Address 3434 Forest Rd		Date of Disbursement MM / DD / YYYY 03 / 01 / 2006	
City Davenport	State IA	Zip Code 52807-2434	Amount of Each Disbursement this Period 231.15
Purpose of Disbursement Meeting Travel Reimb(See Attached Memo)	<input type="text" value="002"/> Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	6226.70
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: SB21B.186891.0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 4501 Highway 360 South		Amount of Each Disbursement this Period 231.15 [MEMO ITEM]
City Fort Worth State TX Zip Code 78155		
Purpose of Disbursement Meeting Travel Reimb(See Nelson, Mark) Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sara P Neugroschel		Transaction ID: SB21B.186875 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 2350 H St NW #904		Amount of Each Disbursement this Period 215.57
City Washington State DC Zip Code 20052		
Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sara P Neugroschel		Transaction ID: SB21B.186876 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 2350 H St NW #904		Amount of Each Disbursement this Period 110.58
City Washington State DC Zip Code 20052		
Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	326.15
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Samuel P New		Transaction ID: SB21B.186877
Mailing Address 1500 Massachusetts Ave, NW Apt 842		Date of Disbursement MM / DD / YYYY 03 / 08 / 2006
City Washington	State DC	Amount of Each Disbursement this Period 935.40
Zip Code 20005		
Purpose of Disbursement Employee Net Pay	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Samuel P New		Transaction ID: SB21B.186878
Mailing Address 1500 Massachusetts Ave, NW Apt 842		Date of Disbursement MM / DD / YYYY 03 / 22 / 2006
City Washington	State DC	Amount of Each Disbursement this Period 950.40
Zip Code 20005		
Purpose of Disbursement Employee Net Pay	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. David W. Owens		Transaction ID: SB21B.186892
Mailing Address 250 Mercer Mill Rd.		Date of Disbursement MM / DD / YYYY 03 / 14 / 2006
City Landenberg	State PA	Amount of Each Disbursement this Period 1800.00
Zip Code 19350		
Purpose of Disbursement Penn and Teller Promo LNC Party Video No	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3685.80
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Postmaster		Transaction ID: SB21B.186989 Date of Disbursement MM / DD / YYYY 03 / 09 / 2006
Mailing Address US Post Office Watergate 2500 virginia Ave NW		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20037		001 Category/ Type
Purpose of Disbursement Postage		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Postmaster		Transaction ID: SB21B.186990 Date of Disbursement MM / DD / YYYY 03 / 28 / 2006
Mailing Address US Post Office Watergate 2500 virginia Ave NW		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20037		001 Category/ Type
Purpose of Disbursement Postage		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Postmaster - Walton Press		Transaction ID: SB21B.186991 Date of Disbursement MM / DD / YYYY 03 / 14 / 2006
Mailing Address Walton Press 402 Mavfield Dr		Amount of Each Disbursement this Period 493.96
City Monroe	State GA	
Zip Code 30655		001 Category/ Type
Purpose of Disbursement Postage		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	1493.96
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Postmaster - Walton Press		Transaction ID: SB21B.186992 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6	
Mailing Address Walton Press 402 Mavfield Dr		Amount of Each Disbursement this Period 2787.20	
City Monroe	State GA		Zip Code 30655
Purpose of Disbursement Postage			001 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Prospect Tech		Transaction ID: SB21B.187210 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address 3246 Prospect St NW		Amount of Each Disbursement this Period 3420.00	
City Washington	State DC		Zip Code 20007
Purpose of Disbursement Network/Phone Systems Maintenance			001 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Prospect Tech		Transaction ID: SB21B.186994 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address 3246 Prospect St NW		Amount of Each Disbursement this Period 1886.50	
City Washington	State DC		Zip Code 20007
Purpose of Disbursement Network and Phone Systems Maint.			001 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	8093.70
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Prospect Tech Full Name (Last, First, Middle Initial) Mailing Address 3246 Prospect St NW City Washington State DC Zip Code 20007 Purpose of Disbursement Network/Phone Systems Maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.187213 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period: 2500.00 Category/Type: 001
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B. QuickBooks Payroll Service Full Name (Last, First, Middle Initial) Mailing Address PO Box 30015 City Reno State NV Zip Code 89520-3015 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.186917 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period: 51.50 Category/Type: 001
---	--	---

C. QuickBooks Payroll Service Full Name (Last, First, Middle Initial) Mailing Address PO Box 30015 City Reno State NV Zip Code 89520-3015 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.186918 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period: 10.00 Category/Type: 001
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SUBTOTAL of Disbursements This Page (optional) ▶	2561.50
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. QuickBooks Payroll Service		Transaction ID: SB21B.186919 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 30015		Amount of Each Disbursement this Period 10.00
City Reno State NV Zip Code 89520-3015	Purpose of Disbursement Payroll Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. QuickBooks Payroll Service		Transaction ID: SB21B.186920 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 30015		Amount of Each Disbursement this Period 15.00
City Reno State NV Zip Code 89520-3015	Purpose of Disbursement Payroll Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. QuickBooks Payroll Service		Transaction ID: SB21B.186921 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 30015		Amount of Each Disbursement this Period 7.50
City Reno State NV Zip Code 89520-3015	Purpose of Disbursement Payroll Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	32.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. QuickBooks Payroll Service		Transaction ID: SB21B.186922 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 30015		Amount of Each Disbursement this Period 5.41
City Reno State NV Zip Code 89520-3015	Purpose of Disbursement Payroll Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. QuickBooks Payroll Service		Transaction ID: SB21B.186923 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address PO Box 30015		Amount of Each Disbursement this Period 12.50
City Reno State NV Zip Code 89520-3015	Purpose of Disbursement Payroll Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. QuickBooks Payroll Service		Transaction ID: SB21B.186924 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address PO Box 30015		Amount of Each Disbursement this Period 0.72
City Reno State NV Zip Code 89520-3015	Purpose of Disbursement Payroll Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	18.63
TOTAL This Period (last page this line number only) ▶	(Empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. QuickBooks Payroll Service		Transaction ID: SB21B.186925 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address PO Box 30015		Amount of Each Disbursement this Period 13.75
City Reno State NV Zip Code 89520-3015	Purpose of Disbursement Payroll Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. QuickBooks Payroll Service		Transaction ID: SB21B.186926 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address PO Box 30015		Amount of Each Disbursement this Period 7.25
City Reno State NV Zip Code 89520-3015	Purpose of Disbursement Payroll Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. QuickBooks Payroll Service		Transaction ID: SB21B.186927 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address PO Box 30015		Amount of Each Disbursement this Period 1.21
City Reno State NV Zip Code 89520-3015	Purpose of Disbursement Payroll Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	22.21
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Steve Rosa		Transaction ID: SB21B.187216 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 4829 West Braddock Road, Apt 3		Amount of Each Disbursement this Period 487.50
City Alexandria State VA Zip Code 22311	001 Category/ Type	
Purpose of Disbursement LP Annual Report Non Candidate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Steve Rosa		Transaction ID: SB21B.186894 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 4829 West Braddock Road, Apt 3		Amount of Each Disbursement this Period 102.50
City Alexandria State VA Zip Code 22311	003 Category/ Type	
Purpose of Disbursement Party Desktop Publishing Services Non Ca		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Safeway Stores Inc.		Transaction ID: SB21B.186997 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 2550 Virginia Ave NW		Amount of Each Disbursement this Period 200.00
City Washington State DC Zip Code 20037	001 Category/ Type	
Purpose of Disbursement Office Supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	790.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Marcus L Scribner		Transaction ID: SB21B.186879 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 2223 H Street NW #801		Amount of Each Disbursement this Period 368.19
City Washington State DC Zip Code 20052	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Marcus L Scribner		Transaction ID: SB21B.186880 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 2223 H Street NW #801		Amount of Each Disbursement this Period 183.15
City Washington State DC Zip Code 20052	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Lorena K Seitz		Transaction ID: SB21B.186881 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 2350 H St NW		Amount of Each Disbursement this Period 106.12
City Washington State DC Zip Code 20052	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	657.46
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) Lorena K Seitz		Transaction ID: SB21B.186882 Date of Disbursement 03 / 22 / 2006
Mailing Address 2350 H St NW		Amount of Each Disbursement this Period 155.00
City Washington State DC Zip Code 20052	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

B. Full Name (Last, First, Middle Initial) Southwest Airlines		Transaction ID: SB21B.186998 Date of Disbursement 03 / 30 / 2006
Mailing Address PO Box 36662		Amount of Each Disbursement this Period 532.50
City Dallas State TX Zip Code 75235	Purpose of Disbursement Travel to MPP LA Event - Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

C. Full Name (Last, First, Middle Initial) State Farm Insurance		Transaction ID: SB21B.187218 Date of Disbursement 03 / 07 / 2006
Mailing Address One State Farm Drive		Amount of Each Disbursement this Period 1004.49
City Frederick State MD Zip Code 21709-1000	Purpose of Disbursement Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	1691.99
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Telecompute Corporation		Transaction ID: SB21B.187220
Mailing Address P.O. Box 106019		Date of Disbursement MM / DD / YYYY 03 / 09 / 2006
City Atlanta	State GA	Zip Code 30348-6019
Purpose of Disbursement Telephone Service	Amount of Each Disbursement this Period 52.25	
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Telecompute Corporation		Transaction ID: SB21B.187001
Mailing Address P.O. Box 106019		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
City Atlanta	State GA	Zip Code 30348-6019
Purpose of Disbursement Telecommunication Services	Amount of Each Disbursement this Period 33.62	
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Telecompute Corporation		Transaction ID: SB21B.187222
Mailing Address P.O. Box 106019		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
City Atlanta	State GA	Zip Code 30348-6019
Purpose of Disbursement Telephone Service	Amount of Each Disbursement this Period 70.13	
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	156.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Chris D Thorman		Transaction ID: SB21B.186883 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 4527 Wilson Blvd #101		Amount of Each Disbursement this Period 851.99
City Arlington State VA Zip Code 22203	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Chris D Thorman		Transaction ID: SB21B.186884 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 4527 Wilson Blvd #101		Amount of Each Disbursement this Period 914.97
City Arlington State VA Zip Code 22203	Purpose of Disbursement Employee Net Pay Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Ticketmaster		Transaction ID: SB21B.187098 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1304 Hornby Street		Amount of Each Disbursement this Period 610.24
City Vancouver BC V6Z 1 State ZZ Zip Code	Purpose of Disbursement EOM Credit Card Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	2377.20
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Tri-State		Transaction ID: SB21B.187223 Date of Disbursement
Mailing Address Attn: Nancy/David 6900 Faigle Road		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Beltsville	State MD	Zip Code 20705
Purpose of Disbursement Printing Services Non Candidate		<input type="text" value="003"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="564.80"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Tri-State		Transaction ID: SB21B.187227 Date of Disbursement
Mailing Address Attn: Nancy/David 6900 Faigle Road		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Beltsville	State MD	Zip Code 20705
Purpose of Disbursement Printing Services Non Candidate		<input type="text" value="003"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="966.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Tri-State		Transaction ID: SB21B.187228 Date of Disbursement
Mailing Address Attn: Nancy/David 6900 Faigle Road		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City Beltsville	State MD	Zip Code 20705
Purpose of Disbursement Printing Services Non Candidate		<input type="text" value="003"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="1223.25"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2754.05"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Unity Design		Transaction ID: SB21B.187229 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address Upton Ethelbah 13201 Amarillo Ave		Amount of Each Disbursement this Period 500.00
City Austin State TX Zip Code 78729	Purpose of Disbursement Convention Logo Design Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. US LEC		Transaction ID: SB21B.187233 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 60130		Amount of Each Disbursement this Period 554.15
City Charlotte State NC Zip Code 28260-1310	Purpose of Disbursement Convention Logo Design Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. VA Dept. of Taxation		Transaction ID: SB21B.186934 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 1278		Amount of Each Disbursement this Period 341.00
City Richmond State VA Zip Code 23218-1278	Purpose of Disbursement VA - Withholding Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	1395.15
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. VA Dept. of Taxation		Transaction ID: SB21B.186935 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address PO Box 1278		Amount of Each Disbursement this Period 352.00
City Richmond State VA Zip Code 23218-1278	Purpose of Disbursement VA - Withholding Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Veritas Media Group Inc.		Transaction ID: SB21B.187009 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address PO Box 1776		Amount of Each Disbursement this Period 720.00
City Stafford State VA Zip Code 22555-1776	Purpose of Disbursement LLS Training Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Walton Press		Transaction ID: SB21B.187010 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 402 Mayfield Dr PO Box 966		Amount of Each Disbursement this Period 1324.50
City Monroe State GA Zip Code 30655	Purpose of Disbursement Party Mailing, Printing and Postage Serv Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	2396.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. Walton Press		Transaction ID: SB21B.187011 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 402 Mayfield Dr PO Box 966		Amount of Each Disbursement this Period 22.75
City Monroe State GA Zip Code 30655		
Purpose of Disbursement Party Mailing, Printing and Postage Serv Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. WAR1 - Warner, Norcross & Judd		Transaction ID: SB21B.187239 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 111 Lyon St NW Fith Third Center STE #900		Amount of Each Disbursement this Period 2000.00
City Grand Rapids State MI Zip Code 49503-2487		
Purpose of Disbursement Legal Services Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. WAR1 - Warner, Norcross & Judd		Transaction ID: SB21B.187235 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 111 Lyon St NW Fith Third Center STE #900		Amount of Each Disbursement this Period 894.51
City Grand Rapids State MI Zip Code 49503-2487		
Purpose of Disbursement Legal Services Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2917.26
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. WAR1 - Warner, Norcross & Judd		Transaction ID: SB21B.187237	
Mailing Address 111 Lyon St NW Fith Third Center STE #900		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006	
City Grand Rapids	State MI	Zip Code 49503-2487	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Legal Services	Category/Type 001		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. WMA1 - WMATA - Metrochek		Transaction ID: SB21B.187015	
Mailing Address 600 Fifth Street NW		Date of Disbursement MM / DD / YYYY 03 / 28 / 2006	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement Metrochek	Category/Type 001		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

128170.80

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPAK - LP Alaska		Transaction ID: SB22.187019 Date of Disbursement MM / DD / YYYY 03 / 01 / 2006	
Mailing Address PMB 373 205 E Dimond Blvd		Amount of Each Disbursement this Period 102.00	
City Anchorage	State AK		Zip Code 99515
Purpose of Disbursement Unified Membership Payment to Affiliate			008 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. LPAK - LP Alaska		Transaction ID: SB22.187020 Date of Disbursement MM / DD / YYYY 03 / 24 / 2006	
Mailing Address PMB 373 205 E Dimond Blvd		Amount of Each Disbursement this Period 90.67	
City Anchorage	State AK		Zip Code 99515
Purpose of Disbursement Unified Membership Payment to Affiliate			008 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. LPAL - LP Alabama		Transaction ID: SB22.187021 Date of Disbursement MM / DD / YYYY 03 / 01 / 2006	
Mailing Address 2330 Highland Ave		Amount of Each Disbursement this Period 275.00	
City Birmingham	State AL		Zip Code 35205
Purpose of Disbursement Unified Membership Payment to Affiliate			008 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	467.67
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPAL - LP Alabama		Transaction ID: SB22.187022 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 2330 Highland Ave		Amount of Each Disbursement this Period 275.00
City Birmingham State AL Zip Code 35205	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		

Full Name (Last, First, Middle Initial) B. LPAR - LP Arkansas		Transaction ID: SB22.187023 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 15214		Amount of Each Disbursement this Period 82.50
City Little Rock State AR Zip Code 72231	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		

Full Name (Last, First, Middle Initial) C. LPAR - LP Arkansas		Transaction ID: SB22.187024 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 15214		Amount of Each Disbursement this Period 73.33
City Little Rock State AR Zip Code 72231	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ▶	430.83
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPAZ - LP Arizona		Transaction ID: SB22.187025
Mailing Address 4802 E. Ray Road #23-255		Date of Disbursement MM / DD / YYYY 03 / 01 / 2006
City Phoenix	State AZ	Amount of Each Disbursement this Period 396.00
Zip Code 85044		
Purpose of Disbursement Unified Membership Payment to Affiliate		008 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LPAZ - LP Arizona		Transaction ID: SB22.187026
Mailing Address 4802 E. Ray Road #23-255		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
City Phoenix	State AZ	Amount of Each Disbursement this Period 352.00
Zip Code 85044		
Purpose of Disbursement Unified Membership Payment to Affiliate		008 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LPCA - Libertarian Party of California		Transaction ID: SB22.187186
Mailing Address 14547 Titus St, Suite 214		Date of Disbursement MM / DD / YYYY 03 / 01 / 2006
City Panarama City	State CA	Amount of Each Disbursement this Period 2921.33
Zip Code 91402		
Purpose of Disbursement Unified Membership Payment to Affiliate		008 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	3669.33
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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPCA - LP California		Transaction ID: SB22.187027 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 14547 Titus St, Suite 214		Amount of Each Disbursement this Period 365.17
City Panarama City State CA Zip Code 91402	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPCO - Libertarian Party of Colorado		Transaction ID: SB22.187179 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1425 Brentwood St		Amount of Each Disbursement this Period 721.00
City Lakewood State CO Zip Code 80214	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPCO - LP Colorado		Transaction ID: SB22.187029 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1425 Brentwood St		Amount of Each Disbursement this Period 721.00
City Lakewood State CO Zip Code 80214	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1807.17
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPDE - LP Delaware		Transaction ID: SB22.187033 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 1472		Amount of Each Disbursement this Period 52.33
City Dover State DE Zip Code 19903-1472		
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	008 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPFL - Libertarian Party of Florida		Transaction ID: SB22.187187 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address Libertarian Party of Florida 5901 Pendragon Lane		Amount of Each Disbursement this Period 968.67
City Fort Myers State FL Zip Code 33912		
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	008 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPFL - LP Florida		Transaction ID: SB22.187034 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address Libertarian Party of Florida 5901 Pendragon Lane		Amount of Each Disbursement this Period 121.08
City Fort Myers State FL Zip Code 33912		
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	008 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1142.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPGA-LIBERTARIAN PARTY OF GEORGIA		Transaction ID: SB22.187183 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1874 PIEDMONT RD SUITE 590-E		Amount of Each Disbursement this Period 1054.00
City ATLANTA State GA Zip Code 30324	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPGA-LIBERTARIAN PARTY OF GEORGIA		Transaction ID: SB22.187036 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1874 PIEDMONT RD SUITE 590-E		Amount of Each Disbursement this Period 1054.00
City ATLANTA State GA Zip Code 30324	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPHI - LP Hawaii		Transaction ID: SB22.187037 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 625 Keawe Street		Amount of Each Disbursement this Period 69.75
City Honolulu State HI Zip Code 96813	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2177.75
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) LPHI - LP Hawaii		Transaction ID: SB22.187038 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 625 Keawe Street		Amount of Each Disbursement this Period 62.00
City Honolulu State HI Zip Code 96813		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) LPIA - LP Iowa		Transaction ID: SB22.187039 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address C/O Tim Hird 3119 E Diehl Ave.		Amount of Each Disbursement this Period 178.88
City Des Moines State IA Zip Code 50320		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) LPIA - LP Iowa		Transaction ID: SB22.187040 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address C/O Tim Hird 3119 E Diehl Ave.		Amount of Each Disbursement this Period 159.00
City Des Moines State IA Zip Code 50320		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	399.88
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPID - LP Idaho		Transaction ID: SB22.187041 Date of Disbursement
Mailing Address c/of Gordon Wilmoth 517 Coston		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Boise	State ID	Zip Code 83712
Purpose of Disbursement Unified Membership Payment to Affiliate		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="81.75"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="008"/>
State: District:		

Full Name (Last, First, Middle Initial) B. LPID - LP Idaho		Transaction ID: SB22.187042 Date of Disbursement
Mailing Address c/of Gordon Wilmoth 517 Coston		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Boise	State ID	Zip Code 83712
Purpose of Disbursement Unified Membership Payment to Affiliate		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="72.67"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="008"/>
State: District:		

Full Name (Last, First, Middle Initial) C. LPIL - Libertarian Party of Illinois		Transaction ID: SB22.187188 Date of Disbursement
Mailing Address c/of Jan Stover 515 W. Main Street		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Greenville	State IL	Zip Code 62246
Purpose of Disbursement Unified Membership Payment to Affiliate		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="611.33"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="008"/>
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="765.75"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPIL - LP Illinois		Transaction ID: SB22.187043 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address c/of Jan Stover 515 W. Main Street		Amount of Each Disbursement this Period 687.75
City Greenville State IL Zip Code 62246		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPIN - Libertarian Party of Indiana		Transaction ID: SB22.187189 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 2587 S 250 E		Amount of Each Disbursement this Period 657.50
City Shelbyville State IN Zip Code 46176-9310		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPIN - LP Indiana		Transaction ID: SB22.187046 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 2587 S 250 E		Amount of Each Disbursement this Period 657.50
City Shelbyville State IN Zip Code 46176-9310		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2002.75
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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPKS - LP Kansas		Transaction ID: SB22.187047 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 2456		Amount of Each Disbursement this Period 242.00
City Wichita	State KS	
Zip Code 67201-2456		008 Category/ Type
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. LPKS - LP Kansas		Transaction ID: SB22.187048 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 2456		Amount of Each Disbursement this Period 242.00
City Wichita	State KS	
Zip Code 67201-2456		008 Category/ Type
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. LPKY - LP Kentucky		Transaction ID: SB22.187049 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 719 Talon Place		Amount of Each Disbursement this Period 128.25
City Louisville	State KY	
Zip Code 40223		008 Category/ Type
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	612.25
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPKY - LP Kentucky		Transaction ID: SB22.187050 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 719 Talon Place		Amount of Each Disbursement this Period 114.00
City Louisville State KY Zip Code 40223		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPLA - LP Louisiana		Transaction ID: SB22.187051 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 66301		Amount of Each Disbursement this Period 143.25
City Baton Rouge State LA Zip Code 70896-6301		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPLA - LP Louisiana		Transaction ID: SB22.187052 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 66301		Amount of Each Disbursement this Period 127.33
City Baton Rouge State LA Zip Code 70896-6301		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	384.58
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPMA - LP Massachusetts		Transaction ID: SB22.187099 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 203 Washington St Pmb 276		Amount of Each Disbursement this Period 436.50
City Salem State MA Zip Code 01970-3607		
Purpose of Disbursement Unified Membership Payment to Affiliate		Category/ Type 008
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPMA - LP Massachusetts		Transaction ID: SB22.187100 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 203 Washington St Pmb 276		Amount of Each Disbursement this Period 388.00
City Salem State MA Zip Code 01970-3607		
Purpose of Disbursement Unified Membership Payment to Affiliate		Category/ Type 008
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPME - Libertarian Party of Maine		Transaction ID: SB22.187192 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 2020		Amount of Each Disbursement this Period 107.25
City Biddeford State ME Zip Code 04005-8020		
Purpose of Disbursement Unified Membership Payment to Affiliate		Category/ Type 008
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	931.75
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPME - Libertarian Party of Maine		Transaction ID: SB22.187193 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 2020		Amount of Each Disbursement this Period 95.33
City Biddeford State ME Zip Code 04005-8020		
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	008 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPMI - Libertarian Party of Michigan		Transaction ID: SB22.187196 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address POB 27065		Amount of Each Disbursement this Period 654.67
City Lansing State MI Zip Code 48924-7065		
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	008 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPMI - LP Michigan		Transaction ID: SB22.187055 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address POB 27065		Amount of Each Disbursement this Period 736.50
City Lansing State MI Zip Code 48924-7065		
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	008 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1486.50
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPMN - LP Minnesota		Transaction ID: SB22.187057 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 580774		Amount of Each Disbursement this Period 295.50
City Minneapolis State MN Zip Code 55458-0774		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPMN - LP Minnesota		Transaction ID: SB22.187058 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 580774		Amount of Each Disbursement this Period 262.67
City Minneapolis State MN Zip Code 55458-0774		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPMO - LP Missouri		Transaction ID: SB22.187059 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 78623		Amount of Each Disbursement this Period 299.25
City St Louis State MO Zip Code 63178-8623		
Purpose of Disbursement Unified Membership Payment to Affiliate	008 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	857.42
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. LPMO - LP Missouri Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 78623 City St Louis State MO Zip Code 63178-8623 Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB22.187060 Date of Disbursement 03 / 24 / 2006 Amount of Each Disbursement this Period 266.00 008 Category/Type
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B. LPMS - LP Mississippi Full Name (Last, First, Middle Initial) Mailing Address PMB 145, Suite 200 1625 E. County Line Road City Jackson State MS Zip Code 39211-1832 Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB22.187061 Date of Disbursement 03 / 01 / 2006 Amount of Each Disbursement this Period 66.75 008 Category/Type
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C. LPMS - LP Mississippi Full Name (Last, First, Middle Initial) Mailing Address PMB 145, Suite 200 1625 E. County Line Road City Jackson State MS Zip Code 39211-1832 Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB22.187062 Date of Disbursement 03 / 24 / 2006 Amount of Each Disbursement this Period 59.33 008 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	392.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPNC - Libertarian Party of North Carolina		Transaction ID: SB22.187198 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1821 Hillandale Rd #1b-253		Amount of Each Disbursement this Period 584.50
City Durham State NC Zip Code 27705	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPNC - LP North Carolina		Transaction ID: SB22.187064 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1821 Hillandale Rd #1b-253		Amount of Each Disbursement this Period 584.50
City Durham State NC Zip Code 27705	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPNE - LP Nebraska		Transaction ID: SB22.187065 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address Chris Costello 2301 S 32nd Ave		Amount of Each Disbursement this Period 76.50
City Omaha State NE Zip Code 68105	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1245.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPNE - LP Nebraska		Transaction ID: SB22.187066 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address Chris Costello 2301 S 32nd Ave		Amount of Each Disbursement this Period 68.00
City Omaha State NE Zip Code 68105	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. LPNM - LP New Mexico		Transaction ID: SB22.187067 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address Ron Bjornstad 918 Ivory Rd SE		Amount of Each Disbursement this Period 182.63
City Rio Rancho State NM Zip Code 87124-3003	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. LPNM - LP New Mexico		Transaction ID: SB22.187068 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address Ron Bjornstad 918 Ivory Rd SE		Amount of Each Disbursement this Period 162.33
City Rio Rancho State NM Zip Code 87124-3003	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	412.96
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPNV - LP Nevada		Transaction ID: SB22.187069 Date of Disbursement																					
Mailing Address P.O. Box 94554		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	0	6														
City Las Vegas	State NV	Zip Code 89193-4554	Amount of Each Disbursement this Period																				
Purpose of Disbursement Unified Membership Payment to Affiliate			243.38																				
Candidate Name			008 Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. LPNV - LP Nevada		Transaction ID: SB22.187070 Date of Disbursement																					
Mailing Address P.O. Box 94554		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
City Las Vegas	State NV	Zip Code 89193-4554	Amount of Each Disbursement this Period																				
Purpose of Disbursement Unified Membership Payment to Affiliate			216.33																				
Candidate Name			008 Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. LPNY - Libertarian Party of New York		Transaction ID: SB22.187200 Date of Disbursement																					
Mailing Address P.O. Box 728		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
City BELLPORT	State NY	Zip Code 11713	Amount of Each Disbursement this Period																				
Purpose of Disbursement Unified Membership Payment to Affiliate			628.00																				
Candidate Name			008 Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	1087.71
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPNY - LP New York		Transaction ID: SB22.187071 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 728		Amount of Each Disbursement this Period 706.50
City BELLPORT State NY Zip Code 11713	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. LPOH - Libertarian Party of Ohio		Transaction ID: SB22.187201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 700 Morse Rd Suite 208		Amount of Each Disbursement this Period 616.00
City Columbus State OH Zip Code 43214	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. LPOH - LP Ohio		Transaction ID: SB22.187073 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 700 Morse Rd Suite 208		Amount of Each Disbursement this Period 693.00
City Columbus State OH Zip Code 43214	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2015.50
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPOK - LP Oklahoma		Transaction ID: SB22.187075 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 3342		Amount of Each Disbursement this Period 126.75
City Edmond State OK Zip Code 73083-3342	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LPOK - LP Oklahoma		Transaction ID: SB22.187076 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 3342		Amount of Each Disbursement this Period 112.67
City Edmond State OK Zip Code 73083-3342	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LPOR - LP Oregon		Transaction ID: SB22.187077 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 12602 SW Farmington Road		Amount of Each Disbursement this Period 459.00
City Beaverton State OR Zip Code 97005-2755	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	698.42
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPOR - LP Oregon		Transaction ID: SB22.187078 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 12602 SW Farmington Road		Amount of Each Disbursement this Period 459.00
City Beaverton State OR Zip Code 97005-2755	008 Category/Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPRI - LP Rhode Island		Transaction ID: SB22.187101 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 603364		Amount of Each Disbursement this Period 33.00
City Providence State RI Zip Code 02906	008 Category/Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPRI - LP Rhode Island		Transaction ID: SB22.187102 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 603364		Amount of Each Disbursement this Period 29.33
City Providence State RI Zip Code 02906	008 Category/Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	521.33
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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPSC - LP South Carolina		Transaction ID: SB22.187079 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 7767		Amount of Each Disbursement this Period 246.00
City Myrtle Beach State SC Zip Code 29572-7767		
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	008 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPSC - LP South Carolina		Transaction ID: SB22.187080 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 7767		Amount of Each Disbursement this Period 246.00
City Myrtle Beach State SC Zip Code 29572-7767		
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	008 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPSD - LP South Dakota		Transaction ID: SB22.187081 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 9341		Amount of Each Disbursement this Period 32.25
City Rapid City State SD Zip Code 57709-9341		
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	008 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	524.25
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPSD - LP South Dakota		Transaction ID: SB22.187082 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 9341		Amount of Each Disbursement this Period 28.67
City Rapid City State SD Zip Code 57709-9341	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPTN - LP Tennessee		Transaction ID: SB22.187083 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 2361		Amount of Each Disbursement this Period 309.38
City Cookeville State TN Zip Code 38502	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPTN - LP Tennessee		Transaction ID: SB22.187084 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 2361		Amount of Each Disbursement this Period 275.00
City Cookeville State TN Zip Code 38502	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	613.05
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPTX - Libertarian Party of Texas		Transaction ID: SB22.187204
Mailing Address P.O. Box 56426		Date of Disbursement MM / DD / YYYY 03 / 01 / 2006
City Houston	State TX	Zip Code 77256
Purpose of Disbursement Unified Membership Payment to Affiliate		Amount of Each Disbursement this Period 1481.50
Candidate Name		008 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LPUT - LP Utah		Transaction ID: SB22.187086
Mailing Address P.O. Box 526025		Date of Disbursement MM / DD / YYYY 03 / 01 / 2006
City Salt Lake City	State UT	Zip Code 84152-6052
Purpose of Disbursement Unified Membership Payment to Affiliate		Amount of Each Disbursement this Period 105.00
Candidate Name		008 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LPUT - LP Utah		Transaction ID: SB22.187087
Mailing Address P.O. Box 526025		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
City Salt Lake City	State UT	Zip Code 84152-6052
Purpose of Disbursement Unified Membership Payment to Affiliate		Amount of Each Disbursement this Period 93.33
Candidate Name		008 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1679.83
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPVA - Libertarian Party of Virginia		Transaction ID: SB22.187206 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 4201 Wilson Blvd Ste 100-164		Amount of Each Disbursement this Period 953.00
City Arlington State VA Zip Code 22203-1859	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPVA - LP Virginia		Transaction ID: SB22.187089 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 4201 Wilson Blvd Ste 100-164		Amount of Each Disbursement this Period 953.00
City Arlington State VA Zip Code 22203-1859	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPVT - LP Vermont		Transaction ID: SB22.187090 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 5475		Amount of Each Disbursement this Period 68.63
City Burlington State VT Zip Code 05402-5475	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1974.63
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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPVT - LP Vermont		Transaction ID: SB22.187091 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 5475		Amount of Each Disbursement this Period 61.00
City Burlington State VT Zip Code 05402-5475	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPWA - Libertarian Party of Washington		Transaction ID: SB22.187208 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 7118		Amount of Each Disbursement this Period 555.67
City Bellevue State WA Zip Code 98008	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPWA - LP Washington		Transaction ID: SB22.187092 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 7118		Amount of Each Disbursement this Period 625.13
City Bellevue State WA Zip Code 98008	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1241.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian National Committee

Full Name (Last, First, Middle Initial) A. LPWV - LP West Virginia		Transaction ID: SB22.187094 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 75423		Amount of Each Disbursement this Period 66.38
City Charleston State WV Zip Code 25375-5423	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. LPWV - LP West Virginia		Transaction ID: SB22.187095 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 75423		Amount of Each Disbursement this Period 59.00
City Charleston State WV Zip Code 25375-5423	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. LPWY - LP Wyoming		Transaction ID: SB22.187096 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address C/O Carol Blomquist 840 Christie Dr.		Amount of Each Disbursement this Period 38.25
City Riverdon State WY Zip Code 82501	008 Category/ Type	
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	163.63
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. LPWY - LP Wyoming

Mailing Address C/O Carol Blomquist
840 Christie Dr.

City Riverdon State WY Zip Code 82501

Purpose of Disbursement
Unified Membership Payment to Affiliate

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.187097

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

34.00

SUBTOTAL of Disbursements This Page (optional)

34.00

TOTAL This Period (last page this line number only)

30269.61

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Darzinski	Nature of Debt (Purpose): Advertising
Mailing Address 1359 Chandler Ave	
City State ZIP Code Lincoln Park MI 48146-2009	

Outstanding Balance Beginning This Period 20.00	Transaction ID: SD9.15703	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allen Hendrix	Nature of Debt (Purpose): Advertising
Mailing Address 546 Bear Creek Rd	
City State ZIP Code Carrollton GA 30117-7669	

Outstanding Balance Beginning This Period 25.00	Transaction ID: SD9.19679	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

1) SUBTOTALS This Period This Page (optional).....	45.00
2) TOTALS This Period (last page this line number only).....	45.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Accurint	Nature of Debt (Purpose): Address and Phone Verification
Mailing Address P.O. Box 538358	
City State ZIP Code Atlanta GA 30353-8358	

Outstanding Balance Beginning This Period 127.50	Transaction ID: SD10.175168	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 127.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Advanced Mailing Services	Nature of Debt (Purpose): Non Candidate Printing/Mailing
Mailing Address 14970 Farm Creek Drive	
City State ZIP Code Woodbridge VA 22191	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187260	
Amount Incurred This Period 3261.43	Payment This Period 0.00	Outstanding Balance at Close of This Period 3261.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Advocates for Self Government	Nature of Debt (Purpose): Quiz Cards
Mailing Address 5 South Public Square #304	
City State ZIP Code Cartersville GA 30120	

Outstanding Balance Beginning This Period 830.00	Transaction ID: SD10.80520	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 830.00

1) SUBTOTALS This Period This Page (optional).....	▶	4218.93
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 154 / 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American National Insurance Co.	Nature of Debt (Purpose): 401K Plan Remittance
Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension Dept.	
City State ZIP Code Galviston TX 77550-1830	

Outstanding Balance Beginning This Period <input type="text" value="478.86"/>	Transaction ID: SD10.177691	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="478.86"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American National Insurance Co.	Nature of Debt (Purpose): 401K Plan Remittance
Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension Dept.	
City State ZIP Code Galviston TX 77550-1830	

Outstanding Balance Beginning This Period <input type="text" value="492.31"/>	Transaction ID: SD10.180569	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="492.31"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arent Fox	Nature of Debt (Purpose): FEC Compliance Legal Services
Mailing Address Craig Engle 1050 Conn Ave NW	
City State ZIP Code Washington DC 20036-5339	

Outstanding Balance Beginning This Period <input type="text" value="6338.87"/>	Transaction ID: SD10.183638	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4338.87"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="5310.04"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arent Fox	Nature of Debt (Purpose): FEC Compliance Legal Services
Mailing Address Craig Engle 1050 Conn Ave NW	
City State ZIP Code Washington DC 20036-5339	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187261	
Amount Incurred This Period 2431.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 2431.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Atlantic Mailing Systems Inc.	Nature of Debt (Purpose): Postage Machine Endorsement
Mailing Address 7459 Old Alexandria Ferry Rd.	
City State ZIP Code Clinton MD 20735	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187262	
Amount Incurred This Period 50.38	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.38

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor B & B Duplicators	Nature of Debt (Purpose): Printing/Mailing Non Candidate
Mailing Address 818 18th Street NW LL15	
City State ZIP Code Washington DC 20006	

Outstanding Balance Beginning This Period 2226.05	Transaction ID: SD10.171284	
Amount Incurred This Period 0.00	Payment This Period 2189.03	Outstanding Balance at Close of This Period 37.02

1) SUBTOTALS This Period This Page (optional).....	▶	2518.90
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor B & B Duplicators	Nature of Debt (Purpose): Printing/Mailing Non Candidate
Mailing Address 818 18th Street NW LL15	
City State ZIP Code Washington DC 20006	

Outstanding Balance Beginning This Period 666.23	Transaction ID: SD10.175104	
Amount Incurred This Period 0.00	Payment This Period 666.23	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor B & B Duplicators	Nature of Debt (Purpose): Printing/Mailing Non Candidate
Mailing Address 818 18th Street NW LL15	
City State ZIP Code Washington DC 20006	

Outstanding Balance Beginning This Period 338.40	Transaction ID: SD10.177675	
Amount Incurred This Period 0.00	Payment This Period 338.40	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor B & B Duplicators	Nature of Debt (Purpose): Party Related Non Candidate Printing
Mailing Address 818 18th Street NW LL15	
City State ZIP Code Washington DC 20006	

Outstanding Balance Beginning This Period 315.14	Transaction ID: SD10.183639	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 315.14

1) SUBTOTALS This Period This Page (optional).....	315.14
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor B & B Duplicators			Nature of Debt (Purpose): Non Candidate Printing/Mailing
Mailing Address 818 18th Street NW LL15			
City State Washington DC	ZIP Code 20006		

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.187263	
Amount Incurred This Period <input type="text" value="1274.29"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1274.29"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dean Bankert			Nature of Debt (Purpose): Advertising
Mailing Address 1080 Fairfield Road			
City State Gettysburg PA	ZIP Code 17325		

Outstanding Balance Beginning This Period <input type="text" value="22.50"/>		Transaction ID: SD10.34463	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="22.50"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blackbaud			Nature of Debt (Purpose): Database Services
Mailing Address P.O. Box 930256			
City State Atlanta GA	ZIP Code 31193-0256		

Outstanding Balance Beginning This Period <input type="text" value="1869.61"/>		Transaction ID: SD10.130069	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1869.61"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3166.40"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Edward Bowers	Nature of Debt (Purpose): Advertising
Mailing Address 291 S La Cienega Blvd # 638	
City State ZIP Code Beverly Hills CA 90211-3325	

Outstanding Balance Beginning This Period 63.75	Transaction ID: SD10.32948	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 63.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Virginia Brewer	Nature of Debt (Purpose): Advertising
Mailing Address P.O. Box 237	
City State ZIP Code Saunderstown RI 02874	

Outstanding Balance Beginning This Period 56.25	Transaction ID: SD10.32954	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Virginia Brewer	Nature of Debt (Purpose): Advertising
Mailing Address P.O. Box 237	
City State ZIP Code Saunderstown RI 02874	

Outstanding Balance Beginning This Period 56.25	Transaction ID: SD10.33003	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56.25

1) SUBTOTALS This Period This Page (optional).....	176.25
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda O Brown,	Nature of Debt (Purpose): Non Candidate Direct Mail Consulting
Mailing Address 21306 Blackjack Road	
City State ZIP Code Shelbyville IN 46176-9310	

Outstanding Balance Beginning This Period 100.00	Transaction ID: SD10.180570	
Amount Incurred This Period 0.00	Payment This Period 100.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAN1 - CANANWILL, INC	Nature of Debt (Purpose): Insurance
Mailing Address PO Box # 19639	
City State ZIP Code Newark NJ 07195-0639	

Outstanding Balance Beginning This Period 758.36	Transaction ID: SD10.183641	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 758.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Central Parking System	Nature of Debt (Purpose): Parking
Mailing Address PO Box 17505	
City State ZIP Code Baltimore MD 21297-1505	

Outstanding Balance Beginning This Period 25.00	Transaction ID: SD10.106351	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

1) SUBTOTALS This Period This Page (optional).....	783.36
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Central Parking System

Nature of Debt (Purpose):
Parking

Mailing Address PO Box 17505

City State ZIP Code
Baltimore MD 21297-1505

Outstanding Balance Beginning This Period	Transaction ID: SD10.171248	
125.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	125.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Daniel Cloud

Nature of Debt (Purpose):
LP News Writing Editing Services

Mailing Address 3601 South 5th St
#402

City State ZIP Code
Arlington VA 22204-1614

Outstanding Balance Beginning This Period	Transaction ID: SD10.187264	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1750.00	0.00	1750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Commonwealth Digital Office Sol

Nature of Debt (Purpose):
Copier Maintenance

Mailing Address 21205 Ridgetop Circle

City State ZIP Code
Sterling VA 20166

Outstanding Balance Beginning This Period	Transaction ID: SD10.183642	
763.39		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	763.39

1) SUBTOTALS This Period This Page (optional).....	2638.39
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Commonwealth Digital Office Solutions	Nature of Debt (Purpose): Office Copier Maintenance
Mailing Address 21205 Ridgetop Circle	
City State ZIP Code Sterling VA 20166-6501	

Outstanding Balance Beginning This Period 125.63	Transaction ID: SD10.171287	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 125.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Commonwealth Digital Office Solutions	Nature of Debt (Purpose): Office Copier Maintenance
Mailing Address 21205 Ridgetop Circle	
City State ZIP Code Sterling VA 20166-6501	

Outstanding Balance Beginning This Period 135.08	Transaction ID: SD10.175108	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Commonwealth Digital Office Solutions	Nature of Debt (Purpose): Office Copier Maintenance
Mailing Address 21205 Ridgetop Circle	
City State ZIP Code Sterling VA 20166-6501	

Outstanding Balance Beginning This Period 125.01	Transaction ID: SD10.180572	
Amount Incurred This Period 0.00	Payment This Period 125.01	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	260.71
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Commonwealth Digital Office Solutions	Nature of Debt (Purpose): Copier Maintenance
Mailing Address 21205 Ridgetop Circle	
City State ZIP Code Sterling VA 20166-6501	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187265	
Amount Incurred This Period 274.04	Payment This Period 0.00	Outstanding Balance at Close of This Period 274.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporate & Leisure	Nature of Debt (Purpose): Staff Travel
Mailing Address 2700 West Cyprus Creek Rd Ste D-10	
City State ZIP Code Fort Lauderdale FL 33309	

Outstanding Balance Beginning This Period 822.18	Transaction ID: SD10.171288	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 822.18

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cory Consulting	Nature of Debt (Purpose): Internet List Services
Mailing Address 325 Garrisonville Road Suite 106	
City State ZIP Code Stafford VA 22554	

Outstanding Balance Beginning This Period 1905.00	Transaction ID: SD10.106352	
Amount Incurred This Period 0.00	Payment This Period 1860.00	Outstanding Balance at Close of This Period 45.00

1) SUBTOTALS This Period This Page (optional).....	1141.22
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cory Consulting	Nature of Debt (Purpose): Internet List Services
Mailing Address 325 Garrisonville Road Suite 106	
City State ZIP Code Stafford VA 22554	

Outstanding Balance Beginning This Period 930.00	Transaction ID: SD10.180573	
Amount Incurred This Period 0.00	Payment This Period 930.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cory Consulting	Nature of Debt (Purpose): Internet Server Maintenance
Mailing Address 325 Garrisonville Road Suite 106	
City State ZIP Code Stafford VA 22554	

Outstanding Balance Beginning This Period 1005.00	Transaction ID: SD10.183643	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1005.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Thomas Cox	Nature of Debt (Purpose): Advertising
Mailing Address 12602 SW Farmington Road	
City State ZIP Code Beaverton OR 97005	

Outstanding Balance Beginning This Period 487.50	Transaction ID: SD10.32960	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 487.50

1) SUBTOTALS This Period This Page (optional).....	▶	1492.50
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Thomas Cox	Nature of Debt (Purpose): Advertising
Mailing Address 12602 SW Farmington Road	
City State ZIP Code Beaverton OR 97005	

Outstanding Balance Beginning This Period 487.50	Transaction ID: SD10.32961	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 487.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dataprise	Nature of Debt (Purpose): Internet Services
Mailing Address PO Box 17672	
City State ZIP Code Baltimore MD 21297	

Outstanding Balance Beginning This Period 1901.25	Transaction ID: SD10.171289	
Amount Incurred This Period 0.00	Payment This Period 1901.25	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dataprise	Nature of Debt (Purpose): Internet Services
Mailing Address PO Box 17672	
City State ZIP Code Baltimore MD 21297	

Outstanding Balance Beginning This Period 990.00	Transaction ID: SD10.177677	
Amount Incurred This Period 0.00	Payment This Period 990.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	487.50
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor De Lage Landen Financial	Nature of Debt (Purpose): Equipment Lease
Mailing Address PO Box 41601	
City State ZIP Code Philadelphia PA 19101-1601	

Outstanding Balance Beginning This Period <input type="text" value="468.76"/>	Transaction ID: SD10.177678	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="468.76"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor De Lage Landen Financial	Nature of Debt (Purpose): Equipment Lease
Mailing Address PO Box 41601	
City State ZIP Code Philadelphia PA 19101-1601	

Outstanding Balance Beginning This Period <input type="text" value="526.30"/>	Transaction ID: SD10.180574	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="526.30"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor De Lage Landen Financial	Nature of Debt (Purpose): Equipment Lease
Mailing Address PO Box 41601	
City State ZIP Code Philadelphia PA 19101-1601	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.187266	
Amount Incurred This Period <input type="text" value="1060.10"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1060.10"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2055.16"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor District of Columbia Libertarian Party	Nature of Debt (Purpose): UMP payment
Mailing Address 4733 First Street SW #303	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 87.00	Transaction ID: SD10.34610	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 87.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Michael Dixon	Nature of Debt (Purpose): Travel Reimbursement-Airfare
Mailing Address 116 N Brackenbury Ln	
City State ZIP Code Charlotte NC 28270-1901	

Outstanding Balance Beginning This Period 439.32	Transaction ID: SD10.110793	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 439.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paula Edwards, CPA	Nature of Debt (Purpose): FEC Compliance/File Retrieval and Repair
Mailing Address 1318 Roxanna Road NW	
City State ZIP Code Washington DC 20012	

Outstanding Balance Beginning This Period 31175.00	Transaction ID: SD10.177679	
Amount Incurred This Period 0.00	Payment This Period 3500.00	Outstanding Balance at Close of This Period 27675.00

1) SUBTOTALS This Period This Page (optional).....	▶	28201.32
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 167 / 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENTCO Int. Inc	Nature of Debt (Purpose): Disputed-Convention Services Consulting
Mailing Address 20016 Cedar Valley Road	
City State ZIP Code Lynnwood WA 98036	

Outstanding Balance Beginning This Period 4000.00	Transaction ID: SD10.175109	
Amount Incurred This Period 0.00	Payment This Period 4000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENTCO Int. Inc	Nature of Debt (Purpose): Disputed-Convention Services Consulting
Mailing Address 20016 Cedar Valley Road	
City State ZIP Code Lynnwood WA 98036	

Outstanding Balance Beginning This Period 3150.00	Transaction ID: SD10.177681	
Amount Incurred This Period 0.00	Payment This Period 3000.00	Outstanding Balance at Close of This Period 150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENTCO Int. Inc	Nature of Debt (Purpose): Party Convention Services Consulting
Mailing Address 20016 Cedar Valley Road	
City State ZIP Code Lynnwood WA 98036	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: SD10.180575	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional).....	▶	1150.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENTCO Int. Inc	Nature of Debt (Purpose): Convention Services
Mailing Address 20016 Cedar Valley Road	
City State ZIP Code Lynnwood WA 98036	

Outstanding Balance Beginning This Period 3000.00	Transaction ID: SD10.183644	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENTCO Int. Inc	Nature of Debt (Purpose): Convention Services
Mailing Address 20016 Cedar Valley Road	
City State ZIP Code Lynnwood WA 98036	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187267	
Amount Incurred This Period 3238.70	Payment This Period 0.00	Outstanding Balance at Close of This Period 3238.70

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gillis Data & Information Services, LLC	Nature of Debt (Purpose): Printing/Mailing Non Candidate
Mailing Address 8990 Westchester Dr	
City State ZIP Code Manassas VA 20112-4504	

Outstanding Balance Beginning This Period 1277.39	Transaction ID: SD10.110797	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1277.39

1) SUBTOTALS This Period This Page (optional).....	▶	7516.09
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patrick Heller	Nature of Debt (Purpose): Advertising
Mailing Address 300 Frandor Ave	
City State ZIP Code Lansing MI 48909	

Outstanding Balance Beginning This Period 850.00	Transaction ID: SD10.34464	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor David Hollist	Nature of Debt (Purpose): Advertising
Mailing Address PO Box 1414	
City State ZIP Code Alta Loma CA 91701-8414	

Outstanding Balance Beginning This Period 45.00	Transaction ID: SD10.18263	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor David Hollist	Nature of Debt (Purpose): Advertising
Mailing Address PO Box 1414	
City State ZIP Code Alta Loma CA 91701-8414	

Outstanding Balance Beginning This Period 45.00	Transaction ID: SD10.18264	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00

1) SUBTOTALS This Period This Page (optional).....	940.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor David Hollist	Nature of Debt (Purpose): Advertising
Mailing Address PO Box 1414	
City State ZIP Code Alta Loma CA 91701-8414	

Outstanding Balance Beginning This Period 45.00	Transaction ID: SD10.18265	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integram	Nature of Debt (Purpose): Non Candidate Printing Service
Mailing Address 8421 Hilltop Rd.	
City State ZIP Code Fairfax VA 22031-4316	

Outstanding Balance Beginning This Period 9903.93	Transaction ID: SD10.80541	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 8903.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor J&N Printing	Nature of Debt (Purpose): Printing/Mailing Non Candidate
Mailing Address 5495 Glenthorne Court	
City State ZIP Code Baltimore MD 21237	

Outstanding Balance Beginning This Period 0.20	Transaction ID: SD10.171291	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.20

1) SUBTOTALS This Period This Page (optional).....	▶	8949.13
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor J&N Printing			Nature of Debt (Purpose): Printing/Mailing Non Candidate
Mailing Address 5495 Glenthorne Court			
City	State	ZIP Code	
Baltimore	MD	21237	

Outstanding Balance Beginning This Period		Transaction ID: SD10.175112	
2333.46			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	2333.46	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor J&N Printing			Nature of Debt (Purpose): Printing/Mailing Non Candidate
Mailing Address 5495 Glenthorne Court			
City	State	ZIP Code	
Baltimore	MD	21237	

Outstanding Balance Beginning This Period		Transaction ID: SD10.175172	
2289.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	2289.75	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor J&N Printing			Nature of Debt (Purpose): Printing/Mailing Non Candidate
Mailing Address 5495 Glenthorne Court			
City	State	ZIP Code	
Baltimore	MD	21237	

Outstanding Balance Beginning This Period		Transaction ID: SD10.177683	
1837.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1837.00	0.00	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor J&N Printing			Nature of Debt (Purpose): Non Candidate Party Letter Mailing
Mailing Address 5495 Glenthorne Court			
City State ZIP Code Baltimore MD 21237			

Outstanding Balance Beginning This Period 2520.00		Transaction ID: SD10.180576	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2520.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor J&N Printing			Nature of Debt (Purpose): Non Candidate Party Letter Mailing
Mailing Address 5495 Glenthorne Court			
City State ZIP Code Baltimore MD 21237			

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.187269	
Amount Incurred This Period 11657.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 11657.12	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joe Ragan's			Nature of Debt (Purpose): Office Supplies
Mailing Address PO Box 125			
City State ZIP Code Springfield VA 22150-0125			

Outstanding Balance Beginning This Period 155.75		Transaction ID: SD10.180578	
Amount Incurred This Period 0.00	Payment This Period 146.75	Outstanding Balance at Close of This Period 9.00	

1) SUBTOTALS This Period This Page (optional).....	14186.12
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 173 / 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Krieg Family Trust	Nature of Debt (Purpose): Advertising
Mailing Address 23207 Night Heron Way	
City State ZIP Code Bradenton FL 34202	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID: SD10.34417	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lewis, Dan	Nature of Debt (Purpose): Editing Services Non Candidate
Mailing Address 8755 Grantham Court	
City State ZIP Code Bristow VA 20136	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	Transaction ID: SD10.175114	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jack Lewis	Nature of Debt (Purpose): Advertising
Mailing Address 5206 Chinook Ave	
City State ZIP Code Boise ID 83669-5606	

Outstanding Balance Beginning This Period <input type="text" value="165.00"/>	Transaction ID: SD10.32977	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="165.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="615.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 174 / 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Libertarians for Life	Nature of Debt (Purpose): Advertising
Mailing Address 13424 Hathaway Drive	
City State ZIP Code Wheaton MD 20906	

Outstanding Balance Beginning This Period 18.00	Transaction ID: SD10.34419	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Libertarians for Life	Nature of Debt (Purpose): Advertising
Mailing Address 13424 Hathaway Drive	
City State ZIP Code Wheaton MD 20906	

Outstanding Balance Beginning This Period 18.00	Transaction ID: SD10.34420	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Libertarians for Life	Nature of Debt (Purpose): Advertising
Mailing Address 13424 Hathaway Drive	
City State ZIP Code Wheaton MD 20906	

Outstanding Balance Beginning This Period 18.00	Transaction ID: SD10.34421	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

1) SUBTOTALS This Period This Page (optional).....	▶	54.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Libertarians for Life	Nature of Debt (Purpose): Advertising
Mailing Address 13424 Hathaway Drive	
City State ZIP Code Wheaton MD 20906	

Outstanding Balance Beginning This Period 18.00	Transaction ID: SD10.34422	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Libertarians for Life	Nature of Debt (Purpose): Advertising
Mailing Address 13424 Hathaway Drive	
City State ZIP Code Wheaton MD 20906	

Outstanding Balance Beginning This Period 18.00	Transaction ID: SD10.34423	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Libertarians for Life	Nature of Debt (Purpose): Advertising
Mailing Address 13424 Hathaway Drive	
City State ZIP Code Wheaton MD 20906	

Outstanding Balance Beginning This Period 18.00	Transaction ID: SD10.34424	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

1) SUBTOTALS This Period This Page (optional).....	▶	54.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Libertarians for Life	Nature of Debt (Purpose): Advertising
Mailing Address 13424 Hathaway Drive	
City State ZIP Code Wheaton MD 20906	

Outstanding Balance Beginning This Period 18.00	Transaction ID: SD10.34425	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Libertarians for Life	Nature of Debt (Purpose): Advertising
Mailing Address 13424 Hathaway Drive	
City State ZIP Code Wheaton MD 20906	

Outstanding Balance Beginning This Period 18.00	Transaction ID: SD10.34426	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Libertarians for Life	Nature of Debt (Purpose): Advertising
Mailing Address 13424 Hathaway Drive	
City State ZIP Code Wheaton MD 20906	

Outstanding Balance Beginning This Period 18.00	Transaction ID: SD10.34427	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

1) SUBTOTALS This Period This Page (optional).....	54.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Libertarians for Life	Nature of Debt (Purpose): Advertising
Mailing Address 13424 Hathaway Drive	
City State ZIP Code Wheaton MD 20906	

Outstanding Balance Beginning This Period 18.00	Transaction ID: SD10.34428	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34434	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34436	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

1) SUBTOTALS This Period This Page (optional).....	186.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34437	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertsing
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34438	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34439	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

1) SUBTOTALS This Period This Page (optional).....	▶	252.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34440	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34441	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34442	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

1) SUBTOTALS This Period This Page (optional).....	▶	252.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34444	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34445	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34447	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

1) SUBTOTALS This Period This Page (optional).....	▶	252.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 181 / 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan	Nature of Debt (Purpose): Advertising
Mailing Address 3718 Hoadly Loop	
City State ZIP Code Tumwater WA 98501	

Outstanding Balance Beginning This Period 84.00	Transaction ID: SD10.34448	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 84.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPCA - Libertarian Party of California	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 14547 Titus St, Suite 214	
City State ZIP Code Panorama City CA 91402	

Outstanding Balance Beginning This Period 2921.33	Transaction ID: SD10.183645	
Amount Incurred This Period 0.00	Payment This Period 2921.33	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPCA - Libertarian Party of California	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 14547 Titus St, Suite 214	
City State ZIP Code Panorama City CA 91402	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187271	
Amount Incurred This Period 2556.17	Payment This Period 0.00	Outstanding Balance at Close of This Period 2556.17

1) SUBTOTALS This Period This Page (optional).....	▶	2640.17
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPCO - Libertarian Party of Colorado	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 1425 Brentwood St	
City State ZIP Code Lakewood CO 80214	

Outstanding Balance Beginning This Period 721.00	Transaction ID: SD10.183646	
Amount Incurred This Period 0.00	Payment This Period 721.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPCO - Libertarian Party of Colorado	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 1425 Brentwood St	
City State ZIP Code Lakewood CO 80214	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187272	
Amount Incurred This Period 721.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 721.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPFL - Libertarian Party of Florida	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address Libertarian Party of Florida 5901 Pendragon Lane	
City State ZIP Code Fort Myers FL 33912	

Outstanding Balance Beginning This Period 968.67	Transaction ID: SD10.183647	
Amount Incurred This Period 0.00	Payment This Period 968.67	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	721.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPGA-LIBERTARIAN PARTY OF GEORGIA	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 1874 PIEDMONT RD SUITE 590-E	
City State ZIP Code ATLANTA GA 30324	

Outstanding Balance Beginning This Period 1054.00	Transaction ID: SD10.183648	
Amount Incurred This Period 0.00	Payment This Period 1054.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPGA-LIBERTARIAN PARTY OF GEORGIA	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 1874 PIEDMONT RD SUITE 590-E	
City State ZIP Code ATLANTA GA 30324	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187273	
Amount Incurred This Period 1054.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1054.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPIL - Libertarian Party of Illinois	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address c/of Jan Stover 515 W. Main Street	
City State ZIP Code Greenville IL 62246	

Outstanding Balance Beginning This Period 611.33	Transaction ID: SD10.183649	
Amount Incurred This Period 0.00	Payment This Period 611.33	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶ 1054.00
2) TOTALS This Period (last page this line number only).....	▶
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPIL - Libertarian Party of Illinois			Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address c/of Jan Stover 515 W. Main Street			
City	State	ZIP Code	
Greenville	IL	62246	

Outstanding Balance Beginning This Period		Transaction ID: SD10.187274	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
534.92	0.00	534.92	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPIN - Libertarian Party of Indiana			Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 2587 S 250 E			
City	State	ZIP Code	
Shelbyville	IN	46176-9310	

Outstanding Balance Beginning This Period		Transaction ID: SD10.183650	
657.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	657.50	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPIN - Libertarian Party of Indiana			Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 2587 S 250 E			
City	State	ZIP Code	
Shelbyville	IN	46176-9310	

Outstanding Balance Beginning This Period		Transaction ID: SD10.187275	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
657.50	0.00	657.50	

1) SUBTOTALS This Period This Page (optional).....	1192.42
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPME - Libertarian Party of Maine			Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address P.O. Box 2020			
City Biddeford	State ME	ZIP Code 04005-8020	

Outstanding Balance Beginning This Period <input type="text" value="706.50"/>		Transaction ID: SD10.180607	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="202.58"/>	Outstanding Balance at Close of This Period <input type="text" value="503.92"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPMI - Libertarian Party of Michigan			Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address POB 27065			
City Lansing	State MI	ZIP Code 48924-7065	

Outstanding Balance Beginning This Period <input type="text" value="654.67"/>		Transaction ID: SD10.183651	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="654.67"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPMI - Libertarian Party of Michigan			Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address POB 27065			
City Lansing	State MI	ZIP Code 48924-7065	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.187276	
Amount Incurred This Period <input type="text" value="572.83"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="572.83"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1076.75"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 186 / 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPNC - Libertarian Party of North Carolina	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 1821 Hillandale Rd #1b-253	
City State ZIP Code Durham NC 27705	

Outstanding Balance Beginning This Period 584.50	Transaction ID: SD10.183653	
Amount Incurred This Period 0.00	Payment This Period 584.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPNC - Libertarian Party of North Carolina	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 1821 Hillandale Rd #1b-253	
City State ZIP Code Durham NC 27705	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187278	
Amount Incurred This Period 584.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 584.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPNY - Libertarian Party of New York	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address P.O. Box 728	
City State ZIP Code BELLPORT NY 11713	

Outstanding Balance Beginning This Period 628.00	Transaction ID: SD10.183652	
Amount Incurred This Period 0.00	Payment This Period 628.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	584.50
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPNY - Libertarian Party of New York	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address P.O. Box 728	
City State ZIP Code BELLPORT NY 11713	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187277	
Amount Incurred This Period 549.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 549.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPOH - Libertarian Party of Ohio	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 700 Morse Rd Suite 208	
City State ZIP Code Columbus OH 43214	

Outstanding Balance Beginning This Period 616.00	Transaction ID: SD10.183654	
Amount Incurred This Period 0.00	Payment This Period 616.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPTX - Libertarian Party of Texas	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address P.O. Box 56426	
City State ZIP Code Houston TX 77256	

Outstanding Balance Beginning This Period 1481.50	Transaction ID: SD10.183655	
Amount Incurred This Period 0.00	Payment This Period 1481.50	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	549.50
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPTX - Libertarian Party of Texas	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address P.O. Box 56426	
City State ZIP Code Houston TX 77256	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187279	
Amount Incurred This Period 1481.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1481.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPVA - Libertarian Party of Virginia	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address 4201 Wilson Blvd Ste 100-164	
City State ZIP Code Arlington VA 22203-1859	

Outstanding Balance Beginning This Period 953.00	Transaction ID: SD10.183656	
Amount Incurred This Period 0.00	Payment This Period 953.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPWA - Libertarian Party of Washington	Nature of Debt (Purpose): Unified Membership Payment to Affiliate
Mailing Address P.O. Box 7118	
City State ZIP Code Bellevue WA 98008	

Outstanding Balance Beginning This Period 555.67	Transaction ID: SD10.183657	
Amount Incurred This Period 0.00	Payment This Period 555.67	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	1481.50
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MSI-ACI Holding LLC	Nature of Debt (Purpose): Market Research Non Candidate
Mailing Address 650 Park Avenue	
City State ZIP Code King of Prussia PA 19406	

Outstanding Balance Beginning This Period 4035.00	Transaction ID: SD10.180625	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4035.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MSI-ACI Holding LLC	Nature of Debt (Purpose): Market Research Study
Mailing Address 650 Park Avenue	
City State ZIP Code King of Prussia PA 19406	

Outstanding Balance Beginning This Period 4035.00	Transaction ID: SD10.183658	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4035.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MSI-ACI Holding LLC	Nature of Debt (Purpose): Market Research Study
Mailing Address 650 Park Avenue	
City State ZIP Code King of Prussia PA 19406	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187280	
Amount Incurred This Period 8070.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8070.00

1) SUBTOTALS This Period This Page (optional).....	16140.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MV Global	Nature of Debt (Purpose): Telephone Systems
Mailing Address 932 Sligo Ave	
City State ZIP Code Silver Spring MD 20910	

Outstanding Balance Beginning This Period <input type="text" value="630.00"/>	Transaction ID: SD10.80546	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="630.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ed Nagel	Nature of Debt (Purpose): Advertising
Mailing Address PO Box 2823	
City State ZIP Code Santa Fe NM 87504-2823	

Outstanding Balance Beginning This Period <input type="text" value="105.00"/>	Transaction ID: SD10.32982	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="105.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NetFire.com - Speakeasy	Nature of Debt (Purpose): Internet Hosting Services
Mailing Address c/o Speakeasy Accounts Receivable 1201 Western Ave.	
City State ZIP Code Seattle WA 98101	

Outstanding Balance Beginning This Period <input type="text" value="280.37"/>	Transaction ID: SD10.171294	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="280.37"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1015.37"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor P Samuel New	Nature of Debt (Purpose): Petty Cash Reimbursement
Mailing Address 1308 T St NW	
City State ZIP Code Washington DC 20009	

Outstanding Balance Beginning This Period 88.81	Transaction ID: SD10.69887	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 88.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor P Samuel New	Nature of Debt (Purpose): Petty Cash Reimbursement
Mailing Address 1308 T St NW	
City State ZIP Code Washington DC 20009	

Outstanding Balance Beginning This Period 270.01	Transaction ID: SD10.80549	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 270.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Office Movers	Nature of Debt (Purpose): Office Move
Mailing Address 6500 Kane Way	
City State ZIP Code Elkridge MD 21057	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.187281	
Amount Incurred This Period 2552.17	Payment This Period 0.00	Outstanding Balance at Close of This Period 2552.17

1) SUBTOTALS This Period This Page (optional).....	▶	2910.99
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tom Pilitowski	Nature of Debt (Purpose): Advertising
Mailing Address 3280-55A Tamiami Trail #297	
City State ZIP Code Port Charlotte FL 33952	

Outstanding Balance Beginning This Period <input type="text" value="19.50"/>	Transaction ID: SD10.19575	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tom Pilitowski	Nature of Debt (Purpose): Advertising
Mailing Address 3280-55A Tamiami Trail #297	
City State ZIP Code Port Charlotte FL 33952	

Outstanding Balance Beginning This Period <input type="text" value="19.50"/>	Transaction ID: SD10.19576	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tom Pilitowski	Nature of Debt (Purpose): Advertising
Mailing Address 3280-55A Tamiami Trail #297	
City State ZIP Code Port Charlotte FL 33952	

Outstanding Balance Beginning This Period <input type="text" value="19.50"/>	Transaction ID: SD10.19577	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.50"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="58.50"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tom Pilitowski	Nature of Debt (Purpose): Advertising
Mailing Address 3280-55A Tamiami Trail #297	
City State ZIP Code Port Charlotte FL 33952	

Outstanding Balance Beginning This Period 19.50	Transaction ID: SD10.19578	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tom Pilitowski	Nature of Debt (Purpose): Advertising
Mailing Address 3280-55A Tamiami Trail #297	
City State ZIP Code Port Charlotte FL 33952	

Outstanding Balance Beginning This Period 19.50	Transaction ID: SD10.19579	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tom Pilitowski	Nature of Debt (Purpose): Advertising
Mailing Address 3280-55A Tamiami Trail #297	
City State ZIP Code Port Charlotte FL 33952	

Outstanding Balance Beginning This Period 19.50	Transaction ID: SD10.19580	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.50

1) SUBTOTALS This Period This Page (optional).....	▶	58.50
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tom Pilitowski	Nature of Debt (Purpose): Advertising
Mailing Address 3280-55A Tamiami Trail #297	
City State ZIP Code Port Charlotte FL 33952	

Outstanding Balance Beginning This Period 19.50	Transaction ID: SD10.19581	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Roger Pope	Nature of Debt (Purpose): Ballot access petitioning
Mailing Address 1916-C Wilmette Ave	
City State ZIP Code Wilmette IL 60091	

Outstanding Balance Beginning This Period 726.00	Transaction ID: SD10.37009	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 726.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Prospect Tech	Nature of Debt (Purpose): Network and Telephone Systems Maintenan
Mailing Address 3246 Prospect St NW	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period 2500.00	Transaction ID: SD10.180626	
Amount Incurred This Period 0.00	Payment This Period 2500.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	745.50
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Prospect Tech	Nature of Debt (Purpose): Network/Phone Systems Maintenance
Mailing Address 3246 Prospect St NW	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period 3420.00	Transaction ID: SD10.183659	
Amount Incurred This Period 0.00	Payment This Period 3420.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor QUI1 - Quill Corporation	Nature of Debt (Purpose): Office Supplies
Mailing Address PO Box 94081	
City State ZIP Code Palatine IL 60094-4801	

Outstanding Balance Beginning This Period 201.40	Transaction ID: SD10.171295	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 201.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richard Rider	Nature of Debt (Purpose): Advertising
Mailing Address 10969 Red Cedar Dr	
City State ZIP Code San Diego CA 92131-1306	

Outstanding Balance Beginning This Period 137.50	Transaction ID: SD10.34465	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 137.50

1) SUBTOTALS This Period This Page (optional).....	▶	338.90
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Rosa	Nature of Debt (Purpose): LP Annual Report Non Candidate
Mailing Address 4829 West Braddock Road, Apt 3	
City State ZIP Code Alexandria VA 22311	

Outstanding Balance Beginning This Period 487.50	Transaction ID: SD10.180627	
Amount Incurred This Period 0.00	Payment This Period 487.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor State Farm Insurance	Nature of Debt (Purpose): Insurance
Mailing Address One State Farm Drive	
City State ZIP Code Frederick MD 21709-1000	

Outstanding Balance Beginning This Period 1004.49	Transaction ID: SD10.183660	
Amount Incurred This Period 0.00	Payment This Period 1004.49	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor State Farm Insurance Com	Nature of Debt (Purpose): Insurance
Mailing Address PO Box 680001	
City State ZIP Code Dallas TX 75368-0001	

Outstanding Balance Beginning This Period 447.00	Transaction ID: SD10.171257	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 447.00

1) SUBTOTALS This Period This Page (optional).....	447.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 197 / 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corey Stern	Nature of Debt (Purpose): Advertising
Mailing Address 10420 Buckingham Dr	
City State ZIP Code Eden Prairie MN 55347-2939	

Outstanding Balance Beginning This Period <input type="text" value="48.75"/>	Transaction ID: SD10.32992	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="48.75"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corey Stern	Nature of Debt (Purpose): Advertising
Mailing Address 10420 Buckingham Dr	
City State ZIP Code Eden Prairie MN 55347-2939	

Outstanding Balance Beginning This Period <input type="text" value="48.75"/>	Transaction ID: SD10.32993	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="48.75"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corey Stern	Nature of Debt (Purpose): Advertising
Mailing Address 10420 Buckingham Dr	
City State ZIP Code Eden Prairie MN 55347-2939	

Outstanding Balance Beginning This Period <input type="text" value="48.75"/>	Transaction ID: SD10.32994	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="48.75"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="146.25"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Telecompute Corporation	Nature of Debt (Purpose): Telephone Service
Mailing Address P.O. Box 106019	
City State ZIP Code Atlanta GA 30348-6019	

Outstanding Balance Beginning This Period 70.13	Transaction ID: SD10.171296	
Amount Incurred This Period 0.00	Payment This Period 70.13	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Telecompute Corporation	Nature of Debt (Purpose): Telephone Service
Mailing Address P.O. Box 106019	
City State ZIP Code Atlanta GA 30348-6019	

Outstanding Balance Beginning This Period 52.25	Transaction ID: SD10.180628	
Amount Incurred This Period 0.00	Payment This Period 52.25	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tri-State	Nature of Debt (Purpose): Printing Services Non Candidate
Mailing Address Attn: Nancy/David 6900 Faigle Road	
City State ZIP Code Beltsville MD 20705	

Outstanding Balance Beginning This Period 65.00	Transaction ID: SD10.110805	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 65.00

1) SUBTOTALS This Period This Page (optional).....	65.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 199 / 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tri-State	Nature of Debt (Purpose): Printing Services Non Candidate
Mailing Address Attn: Nancy/David 6900 Faigle Road	
City State ZIP Code Beltsville MD 20705	

Outstanding Balance Beginning This Period <input type="text" value="564.80"/>	Transaction ID: SD10.175117	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="564.80"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tri-State	Nature of Debt (Purpose): Printing Services Non Candidate
Mailing Address Attn: Nancy/David 6900 Faigle Road	
City State ZIP Code Beltsville MD 20705	

Outstanding Balance Beginning This Period <input type="text" value="2189.25"/>	Transaction ID: SD10.175174	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2189.25"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Unity Design	Nature of Debt (Purpose): Convention Logo Design
Mailing Address Upton Ethelbah 13201 Amarillo Ave	
City State ZIP Code Austin TX 78729	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>	Transaction ID: SD10.180629	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US LEC	Nature of Debt (Purpose): Data and Telephone Services
Mailing Address PO Box 60130	
City State ZIP Code Charlotte NC 28260-1310	

Outstanding Balance Beginning This Period <input type="text" value="554.15"/>	Transaction ID: SD10.177693	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="554.15"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor US LEC	Nature of Debt (Purpose): Telecom and Data Services
Mailing Address PO Box 60130	
City State ZIP Code Charlotte NC 28260-1310	

Outstanding Balance Beginning This Period <input type="text" value="552.39"/>	Transaction ID: SD10.180631	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="552.39"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor US LEC	Nature of Debt (Purpose): Telecom and Data Services
Mailing Address PO Box 60130	
City State ZIP Code Charlotte NC 28260-1310	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.187283	
Amount Incurred This Period <input type="text" value="1168.32"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1168.32"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1720.71"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 201 / 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WAR1 - Warner, Norcross & Judd	Nature of Debt (Purpose): Legal Services
Mailing Address 111 Lyon St NW Fith Third Center STE #900	
City State ZIP Code Grand Rapids MI 49503-2487	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID: SD10.175176	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WAR1 - Warner, Norcross & Judd	Nature of Debt (Purpose): Legal Services
Mailing Address 111 Lyon St NW Fith Third Center STE #900	
City State ZIP Code Grand Rapids MI 49503-2487	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID: SD10.177690	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WAR1 - Warner, Norcross & Judd	Nature of Debt (Purpose): Legal Services
Mailing Address 111 Lyon St NW Fith Third Center STE #900	
City State ZIP Code Grand Rapids MI 49503-2487	

Outstanding Balance Beginning This Period <input type="text" value="2694.69"/>	Transaction ID: SD10.180632	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="894.51"/>	Outstanding Balance at Close of This Period <input type="text" value="1800.18"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2300.18"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 202 / 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Libertarian National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WAR1 - Warner, Norcross & Judd	Nature of Debt (Purpose): Legal Services
Mailing Address 111 Lyon St NW Fith Third Center STE #900	
City State ZIP Code Grand Rapids MI 49503-2487	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID: SD10.183661	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WAR1 - Warner, Norcross & Judd	Nature of Debt (Purpose): Legal Services
Mailing Address 111 Lyon St NW Fith Third Center STE #900	
City State ZIP Code Grand Rapids MI 49503-2487	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.187284	
Amount Incurred This Period <input type="text" value="2514.25"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2514.25"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Washington Pension Center	Nature of Debt (Purpose): 401 K Plan Fee
Mailing Address 7315 Wisconsin Ave Ste 500 West	
City State ZIP Code Bethesda MD 20814-3206	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID: SD10.175121	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="5114.25"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="127587.15"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Form/Schedule: **F3XN**

Transaction ID:

Please note the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate. 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 corrected in a subsequent amendment filed by the next regularly scheduled reporting date. 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: **SD9**

(Current loan balance of 20.00 has been forgiven) (A previous settlement of 20.00 has been rescinded)

Transaction ID: **SD9.15703**

Image# 26960078867

Form/Schedule: **SD10** A credit of \$24,188.93 has been issued by the vendor as settlement for disputed charges on this account, resulting in a reduction of the current debt balance of \$1,365.19.
Transaction ID: **SD10.130069**

Form/Schedule: **SD10** Debt is no longer in dispute.
Transaction ID: **SD10.175109**
