

# 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 200  
 Check if different than previously reported. (ACC)  
Washington DC 20037

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (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 2010 through 03 31 2010

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 Aaron Starr

Signature of Treasurer Electronically Filed by Aaron Starr Date 04 20 2010

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

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

A. Form/Schedule : **F3XN**

Transaction ID :

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		54509.16
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	119117.49									
(c) Total Receipts (from Line 19) .....	147192.12	362819.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	266309.61	417328.27								
7. Total Disbursements (from Line 31) .....	115991.21	267009.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	150318.40	150318.40								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	6343.87									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	62363.34	116237.68
(ii) Unitemized .....	84503.03	245465.23
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	146866.37	361702.91
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	146866.37	361702.91
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	325.75	1116.20
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	147192.12	362819.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	147192.12	362819.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	95877.21	245895.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	95877.21	245895.87
22. Transfers to Affiliated/Other Party Committees.....	20000.00	21000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	114.00	114.00
(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)) .....	114.00	114.00
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))..	115991.21	267009.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	115991.21	267009.87

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	146866.37	361702.91
34. Total Contribution Refunds (from Line 28(d)) .....	114.00	114.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	146752.37	361588.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	95877.21	245895.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	325.75	1116.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	95551.46	244779.67

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 124

(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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael L. Abrams

Mailing Address 2703 Westgate St

City State Zip Code  
Houston TX 77098-1413

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

Name of Employer Occupation  
Self Employed Technology Consultant

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.101991

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thorsten E. Ackerson

Mailing Address 4337 NW 4th Ave

City State Zip Code  
Pompano Beach FL 33064-2536

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

Name of Employer Occupation  
Information Requested Information Requested

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: SA11AI.101993

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John D. Anderson

Mailing Address 6904 Joseph Dr

City State Zip Code  
Enon OH 45323-1448

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

Name of Employer Occupation  
DRC Program Manager/Consultant

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1849.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2010

Transaction ID: SA11AI.102044

Amount of Each Receipt this Period

349.00

Contribution

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

699.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 124
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lester Antman		Date of Receipt
	Mailing Address 31113 Old River Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 30 / 2010
	City	State	Zip Code
	Bonsall	CA	92003-5104
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.102066
		Amount of Each Receipt this Period	
		<input type="text"/> 99.00	
Name of Employer Information Requested		Occupation Information Requested	Contribution
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 249.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeremiah Arn		Date of Receipt
	Mailing Address 2786 Wildwood Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 24 / 2010
	City	State	Zip Code
	Columbus	OH	43231-4832
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.102075
		Amount of Each Receipt this Period	
		<input type="text"/> 274.00	
Name of Employer Information Requested		Occupation Information Requested	Contribution
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 274.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory J. Arrigo		Date of Receipt
	Mailing Address 60 White Oak Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 10 / 2010
	City	State	Zip Code
	Foley	MO	63347-3306
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.102080
		Amount of Each Receipt this Period	
		<input type="text"/> 274.00	
Name of Employer Information Requested		Occupation Information Requested	Contribution
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 309.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 647.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 124		
	<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

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Frank F. Atwood	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 7094 S Costilla St	<b>Transaction ID:</b> SA11AI.102098
	City State Zip Code Littleton CO 80120-3518	Amount of Each Receipt this Period 349.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 424.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mett B. Ausley	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 3412 Waccamaw Shores Rd	<b>Transaction ID:</b> SA11AI.102104
	City State Zip Code Lake Waccamaw NC 28450-9442	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Cypress Pathology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert K. Babione	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 401 5th St NE	<b>Transaction ID:</b> SA11AI.102115
	City State Zip Code New Prague MN 56071-2139	Amount of Each Receipt this Period 274.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer State Bank of New Prague Occupation EDP Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 274.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>923.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Stephen J. Baker

Mailing Address 1301 Cambridge St Apt 411

City Hopkins State MN Zip Code 55343-1922

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

Name of Employer Seagate Technology Occupation Production Operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2010

Transaction ID: SA11AI.102144

Amount of Each Receipt this Period 50.00

Contribution

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

Mailing Address 1301 Cambridge St Apt 411

City Hopkins State MN Zip Code 55343-1922

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

Name of Employer Seagate Technology Occupation Production Operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 524.00

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.102145

Amount of Each Receipt this Period 274.00

Contribution

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

Mailing Address 1301 Cambridge St Apt 411

City Hopkins State MN Zip Code 55343-1922

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

Name of Employer Seagate Technology Occupation Production Operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 574.00

Date of Receipt 03 / 24 / 2010

Transaction ID: SA11AI.102146

Amount of Each Receipt this Period 50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 374.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
William Bamler  
 Mailing Address 2381 Port Williams Dr  
 City State Zip Code  
 Stow OH 44224-1981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00  
 Date of Receipt 03 / 11 / 2010  
**Transaction ID:** SA11AI.102152  
 Amount of Each Receipt this Period 25.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
William Bamler  
 Mailing Address 2381 Port Williams Dr  
 City State Zip Code  
 Stow OH 44224-1981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00  
 Date of Receipt 03 / 15 / 2010  
**Transaction ID:** SA11AI.102153  
 Amount of Each Receipt this Period 50.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Rex Bell  
 Mailing Address 17059 State Road 38  
 City State Zip Code  
 Hagerstown IN 47346-9780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Contractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 459.00  
 Date of Receipt 03 / 01 / 2010  
**Transaction ID:** SA11AI.102225  
 Amount of Each Receipt this Period 20.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 124  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Martin H. Boone, Jr.

Mailing Address 4226 E Farm Road 132

City Springfield State MO Zip Code 65802-6233

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 ▼ 349.00

Date of Receipt 03 / 24 / 2010

Transaction ID: SA11AI.102337

Amount of Each Receipt this Period 349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Lawrence M. Borland

Mailing Address 3915 Bridgewood Cir

City Murrysville State PA Zip Code 15668-9478

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

Name of Employer Univ of Pittsburgh Occupation M.D.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 11 / 2010

Transaction ID: SA11AI.102349

Amount of Each Receipt this Period 200.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Zacharie Boutoille

Mailing Address Box 1791  
2050 Glory Loop

City Fort Polk State LA Zip Code 71459-5365

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

Name of Employer U.S. Army Occupation Field Artillery FDC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 02 / 2010

Transaction ID: SA11AI.102362

Amount of Each Receipt this Period 85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **634.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

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

Mailing Address 9418 Flanders St NE

City State Zip Code  
Minneapolis MN 55449-5638

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

Name of Employer Occupation  
Wells Fargo & Co Retired senior counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 424.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.102368

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 9418 Flanders St NE

City State Zip Code  
Minneapolis MN 55449-5638

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

Name of Employer Occupation  
Childrens Health Care of Minnesota Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.102369

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 5208 SE 30th Ave Apt 7

City State Zip Code  
Portland OR 97202-4555

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

Name of Employer Occupation  
IRS Customer Service Rep

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.102407

Amount of Each Receipt this Period  
349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1047.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 124  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Richard Bronstein

Mailing Address 6220 Enfield Ave

City Encino State CA Zip Code 91316-7106

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

Name of Employer Green Sky Insurance Services Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt 03 / 09 / 2010

Transaction ID: SA11AI.102432

Amount of Each Receipt this Period 274.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Erik S. Buck

Mailing Address 764 Hillside Ave

City Liberty State MO Zip Code 64068-2119

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt 03 / 09 / 2010

Transaction ID: SA11AI.102465

Amount of Each Receipt this Period 349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Richard Burke, Sr.

Mailing Address 5 Quachita St

City Natchez State MS Zip Code 39120-5204

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 ▼ 349.00

Date of Receipt 03 / 11 / 2010

Transaction ID: SA11AI.102493

Amount of Each Receipt this Period 349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 972.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 124  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Michael R. Burris

Mailing Address 1923 Ravenscroft Dr

City Austin State TX Zip Code 78748-3423

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

Name of Employer Self-Employed Occupation Auditor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 424.00

Date of Receipt 03 / 12 / 2010

Transaction ID: SA11AI.102508

Amount of Each Receipt this Period 349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Wallace Howard Burton

Mailing Address 213 S 4th St

City Festus State MO Zip Code 63028-2210

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2010

Transaction ID: SA11AI.102509

Amount of Each Receipt this Period 50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Bryant Callaghan

Mailing Address 560 Cody Pass

City Cincinnati State OH Zip Code 45215-2521

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

Name of Employer Tri-State Marketing, Inc Occupation Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 379.00

Date of Receipt 03 / 01 / 2010

Transaction ID: SA11AI.102529

Amount of Each Receipt this Period 10.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 409.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Derek Charles

Mailing Address 33 Farmington Way

City State Zip Code  
New Providence PA 17560-9428

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

Name of Employer Occupation  
PokerTracker Software, LL-C. Software Developer

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 / 15 / 2010

**Transaction ID:** SA11AI.102620

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 810 Central Park Dr

City State Zip Code  
Round Lake Beach IL 60073-2485

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

Name of Employer Occupation  
United Stationers programmer

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 / 2010

**Transaction ID:** SA11AI.102627

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 5573 Beverly Square Way

City State Zip Code  
Knoxville TN 37918-3676

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2010

**Transaction ID:** SA11AI.102633

Amount of Each Receipt this Period  
600.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Michael C. Colley  
 Mailing Address 444 Magnolia Dr  
 City State Zip Code  
 Gulf Shores AL 36542-4408  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2010  
**Transaction ID:** SA11AI.102690  
 Amount of Each Receipt this Period  
 200.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired (U.S. Navy) Occupation Vice Admiral, Ret.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 949.00

**B.** Full Name (Last, First, Middle Initial)  
William Charles Collins  
 Mailing Address 505 Mallory Court  
 City State Zip Code  
 El Paso TX 79912-4228  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2010  
**Transaction ID:** SA11AI.102692  
 Amount of Each Receipt this Period  
 250.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EPIPG/Self Occupation Healthcare Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

**C.** Full Name (Last, First, Middle Initial)  
Wayne Confer  
 Mailing Address 3321 Edinburgh Rd  
 City State Zip Code  
 Allentown PA 18104-2617  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2010  
**Transaction ID:** SA11AI.102706  
 Amount of Each Receipt this Period  
 85.00  
 Contribution  
 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 ▼ 255.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 535.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Curtis A. Cook</p> <p>Mailing Address 19051 86th Ave NE</p> <p>City State Zip Code <b>Bothell WA 98011-2111</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Davis Wright Tremaine LLP Technician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 05 / 2010</span></p> <p><b>Transaction ID: SA11AI.102723</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Contribution</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Al Cox</p> <p>Mailing Address PO Box 1425</p> <p>City State Zip Code <b>Nashville IN 47448-1425</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Information Requested Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">424.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2010</span></p> <p><b>Transaction ID: SA11AI.102757</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">349.00</span></p> <p>Contribution</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Adam Crepelle</p> <p>Mailing Address PO Box 309</p> <p>City State Zip Code <b>Patterson LA 70392-0309</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Information Requested Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">349.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 05 / 2010</span></p> <p><b>Transaction ID: SA11AI.102776</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">349.00</span></p> <p>Contribution</p>
---	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;"><b>948.00</b></span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 124

(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

**A.**

Full Name (Last, First, Middle Initial)  
Carmen Crisantes

Mailing Address 345 Via De La Santa Cruz Ct

City State Zip Code  
Rio Rico AZ 85648-1659

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

Name of Employer Occupation  
Homemaker Homemaker

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 / 2010

Transaction ID: SA11AI.102781

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Kirby R. Cundiff

Mailing Address PO Box 275

City State Zip Code  
Kirksville MO 63501-0275

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

Name of Employer Occupation  
NSU Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 349.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 08 / 2010

Transaction ID: SA11AI.102805

Amount of Each Receipt this Period

349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Upton Dabney

Mailing Address 1848 Pincrest Ln

City State Zip Code  
Morristown TN 37813-2663

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 349.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2010

Transaction ID: SA11AI.102814

Amount of Each Receipt this Period

349.00

Contribution

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

1698.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Upton Dabney

Mailing Address 1848 Pinecrest Ln

City State Zip Code  
Morristown TN 37813-2663

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1349.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2010

**Transaction ID:** SA11AI.102815

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 785 E 1055th Rd

City State Zip Code  
Baldwin City KS 66006-7287

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

Name of Employer Occupation  
Waddell & Reed Financial Advisors Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2010

**Transaction ID:** SA11AI.102833

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 3690 Dowitcher Ter

City State Zip Code  
Fremont CA 94555-1535

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

Name of Employer Occupation  
Face Book Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2010

**Transaction ID:** SA11AI.102840

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1599.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 124  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Steve Davidson

Mailing Address 1303 W Bethany Home Rd

City State Zip Code  
Phoenix AZ 85013-1621

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2010

Transaction ID: SA11AI.102850

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jeremy S. Davis

Mailing Address 7539 Brompton St

City State Zip Code  
Houston TX 77025-2267

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

Name of Employer Self-employed Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1135.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2010

Transaction ID: SA11AI.102854

Amount of Each Receipt this Period  
135.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Patrick J. Dixon

Mailing Address 5002 Sundown St

City State Zip Code  
Lago Vista TX 78645-6066

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

Name of Employer DPAS INC Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.102909

Amount of Each Receipt this Period  
50.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Patrick J. Dixon

Mailing Address 5002 Sundown St

City State Zip Code  
Lago Vista TX 78645-6066

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

Name of Employer DPAS INC Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.00

Date of Receipt: 03 / 04 / 2010  
Transaction ID: SA11AI.102910  
Amount of Each Receipt this Period: 349.00  
Contribution

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

Mailing Address 10232 Middleton Pike

City State Zip Code  
Bowling Green OH 43402-9644

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

Name of Employer Self Employed Occupation Writer, Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt: 03 / 02 / 2010  
Transaction ID: SA11AI.102983  
Amount of Each Receipt this Period: 10.00  
Contribution

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

Mailing Address 34 Daffodil Ln

City State Zip Code  
Cos Cob CT 06807-1412

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

Name of Employer Boardroom Inc Occupation VA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 18 / 2010  
Transaction ID: SA11AI.102999  
Amount of Each Receipt this Period: 250.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 609.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 124

(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

**A.**

Full Name (Last, First, Middle Initial)

Jay Elliott

Mailing Address 623 Lighthouse Way

City State Zip Code  
Sanibel FL 33957-3907

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2010

Transaction ID: SA11AI.103019

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Randy Eshelman

Mailing Address 1009 Jones St Apt 923

City State Zip Code  
Omaha NE 68102-2928

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

Name of Employer Occupation  
ITT Telecommunications

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 349.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2010

Transaction ID: SA11AI.103040

Amount of Each Receipt this Period

349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Berlie R. Etzel, Jr.

Mailing Address 113 Berlie Ln

City State Zip Code  
Shippenville PA 16254-1103

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 449.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: SA11AI.103047

Amount of Each Receipt this Period

349.00

Contribution

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

948.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Rochelle Etzel

Mailing Address 113 Berlie Ln

City State Zip Code  
Shippenville PA 16254-1103

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.103049

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address PO Box 458

City State Zip Code  
Indianola WA 98342-0458

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

Name of Employer Occupation  
Solutions, IQ Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

**Transaction ID:** SA11AI.103052

Amount of Each Receipt this Period  
100.00

Contribution

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

Mailing Address 236 Massachusetts Ave NW #400

City State Zip Code  
Washington DC 20002

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 ▼ 349.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** SA11AI.103073

Amount of Each Receipt this Period  
349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **798.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Margaret Ferguson

Mailing Address 60 White Oak

City State Zip Code  
Foley MO 63347-9754

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

Name of Employer Occupation  
Lincoln Co. R-3 Middle Sc- Middle School Teacher  
hool

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 324.00

Date of Receipt  

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

**Transaction ID:** SA11AI.103094

Amount of Each Receipt this Period  
274.00

Contribution

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

Mailing Address 7113 Colgate Dr

City State Zip Code  
Alexandria VA 22307-1619

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

Name of Employer Occupation  
Com on Sec. & Coop in Eur- staff advisor  
ope

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 399.00

Date of Receipt  

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

**Transaction ID:** SA11AI.103108

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 7113 Colgate Dr

City State Zip Code  
Alexandria VA 22307-1619

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

Name of Employer Occupation  
Com on Sec. & Coop in Eur- staff advisor  
ope

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 449.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

**Transaction ID:** SA11AI.103109

Amount of Each Receipt this Period  
50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **673.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Julia Fox  
Mailing Address 536 S 5th St  
City West Dundee State IL Zip Code 60118-2828  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bell Flavors & Fragrances Occupation Controller  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 449.00  
Date of Receipt 03 / 25 / 2010  
Transaction ID: SA11AI.103158  
Amount of Each Receipt this Period 349.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Brian Freddo  
Mailing Address 554 Ocean Rd  
City Spring Lake State NJ Zip Code 07762-1841  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brookfield Properties Occupation Operating Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 26 / 2010  
Transaction ID: SA11AI.103170  
Amount of Each Receipt this Period 250.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert Freedman  
Mailing Address 3850 Newport Ln  
City Boulder State CO Zip Code 80304-1049  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ball Aerospace Occupation Aerospace Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: SA11AI.103171  
Amount of Each Receipt this Period 250.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 849.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 124

(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

**A.**

Full Name (Last, First, Middle Initial)  
Louis F. Fries, III

Mailing Address 2786 Westminster Rd

City State Zip Code  
Ellicott City MD 21043-3595

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

Name of Employer Occupation  
GSK Clinical Research

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2010

Transaction ID: SA11AI.103182

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
David Lee Fuquay

Mailing Address 12022 Starboard Dr Apt 304

City State Zip Code  
Reston VA 20194-4370

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

Name of Employer Occupation  
Incogen Inc 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  
03 / 01 / 2010

Transaction ID: SA11AI.103195

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Randy Gann

Mailing Address 6335 S 72nd East Ave

City State Zip Code  
Tulsa OK 74133-1122

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

Name of Employer Occupation  
Hewlett Packard Computer Programmer

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.103202

Amount of Each Receipt this Period

50.00

Contribution

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

650.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 124  
(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**

**A.**

Full Name (Last, First, Middle Initial)  
Michael A. Gariepy

Mailing Address 8549 E Tanque Verde Rd

City Tucson State AZ Zip Code 85749-8917

FEC ID number of contributing federal political committee. C

Name of Employer Plan3D, Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 15 / 2010

**Transaction ID:** SA11AI.103214

Amount of Each Receipt this Period 100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Webb M. Garlinghouse

Mailing Address 2320 S Kansas Ave

City Topeka State KS Zip Code 66611-1142

FEC ID number of contributing federal political committee. C

Name of Employer LPStuff.com Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2010

**Transaction ID:** SA11AI.103216

Amount of Each Receipt this Period 250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Robert David Garrard

Mailing Address 2287 N 300th Rd

City Edgerton State KS Zip Code 66021-4001

FEC ID number of contributing federal political committee. C

Name of Employer Aeroflex Wichita, Inc. / JcAIR Test Sy Occupation Technician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 439.00

Date of Receipt 03 / 16 / 2010

**Transaction ID:** SA11AI.103221

Amount of Each Receipt this Period 349.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">699.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 29 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

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

Mailing Address 142 Rainbow Dr # 4275

City State Zip Code  
Livingston TX 77399-1042

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** SA11AI.103243

Amount of Each Receipt this Period  
85.00

Contribution

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

Mailing Address 8220 David Hwy

City State Zip Code  
Lyons MI 48851-9755

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** SA11AI.103267

Amount of Each Receipt this Period  
120.00

Contribution

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

Mailing Address 8220 David Hwy

City State Zip Code  
Lyons MI 48851-9755

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 709.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2010

**Transaction ID:** SA11AI.103268

Amount of Each Receipt this Period  
349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **554.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 124

(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

**A.**

Full Name (Last, First, Middle Initial)  
Lelon Ginn

Mailing Address 618 Mimosa Dr

City State Zip Code  
Denton TX 76201-0859

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

Name of Employer Accelerated PM Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 539.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2010

Transaction ID: SA11AI.103273

Amount of Each Receipt this Period

349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Lelon Ginn

Mailing Address 618 Mimosa Dr

City State Zip Code  
Denton TX 76201-0859

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

Name of Employer Accelerated PM Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 888.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2010

Transaction ID: SA11AI.103274

Amount of Each Receipt this Period

349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Sam Goldstein

Mailing Address 8925 N Meridian St Ste 101

City State Zip Code  
Indianapolis IN 46260-2384

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

Name of Employer Goldstein Insurance Agency Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 274.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: SA11AI.103293

Amount of Each Receipt this Period

274.00

Contribution

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

972.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 124  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Sam Goldstein

Mailing Address 8925 N Meridian St Ste 101

City Indianapolis State IN Zip Code 46260-2384

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

Name of Employer Goldstein Insurance Agency Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt 03 / 30 / 2010

Transaction ID: SA11AI.103294

Amount of Each Receipt this Period 25.00

Contribution

**B.**

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

Mailing Address 13910 Penn Shop Rd

City Mount Airy State MD Zip Code 21771-4624

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

Name of Employer nbs.com Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2010

Transaction ID: SA11AI.103359

Amount of Each Receipt this Period 250.00

Contribution

**C.**

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

Mailing Address 7086 Orange Grove Ln

City Las Vegas State NV Zip Code 89119-0363

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

Name of Employer EG&G Special Projects Occupation Electrical Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 424.00

Date of Receipt 03 / 23 / 2010

Transaction ID: SA11AI.103388

Amount of Each Receipt this Period 349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **624.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. 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 Warner Norcross & Judd LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt: 03 / 15 / 2010  
Transaction ID: SA11AI.103408  
Amount of Each Receipt this Period: 274.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. 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 Warner Norcross & Judd LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 548.00

Date of Receipt: 03 / 15 / 2010  
Transaction ID: SA11AI.103409  
Amount of Each Receipt this Period: 274.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Henry E. Haller, III

Mailing Address 6196 Ridge Rd

City State Zip Code  
Valencia PA 16059-1734

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

Name of Employer Self Employed Occupation Retailer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt: 03 / 15 / 2010  
Transaction ID: SA11AI.103413  
Amount of Each Receipt this Period: 274.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **822.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 124

(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

**A.**

Full Name (Last, First, Middle Initial)  
Daniel Halloran

Mailing Address 250 Mineola Blvd

City State Zip Code  
Mineola NY 11501-2421

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

Name of Employer Occupation  
NYC Council Council Member

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 298.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: SA11AI.103417

Amount of Each Receipt this Period

99.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Wayne E. Harley

Mailing Address 1315 Richmond Dr

City State Zip Code  
Melbourne FL 32935-5325

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

Name of Employer Occupation  
Rockwell Collins Avionics Sr Eng Test Technician

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 / 2010

Transaction ID: SA11AI.103441

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Curtis L. Harris

Mailing Address 7533 Lupine Ct

City State Zip Code  
Arvada CO 80007-7938

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 349.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2010

Transaction ID: SA11AI.103449

Amount of Each Receipt this Period

349.00

Contribution

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

548.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Joe Hauptmann  
Mailing Address 1521 Waterford Dr  
City Zionsville State IN Zip Code 46077-3818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Zionsville Schools Occupation Teacher  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 349.00  
Date of Receipt 03 / 22 / 2010  
Transaction ID: SA11AI.103481  
Amount of Each Receipt this Period 349.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Eugene P. Hawkridge  
Mailing Address 8127 NE 146th PI  
City Kenmore State WA Zip Code 98028-5070  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hatch Energy Occupation Electrical Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 524.00  
Date of Receipt 03 / 15 / 2010  
Transaction ID: SA11AI.103485  
Amount of Each Receipt this Period 349.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Rachel Hawkridge  
Mailing Address 8127 NE 146th PI  
City Kenmore State WA Zip Code 98028-5070  
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 ▼ 349.00  
Date of Receipt 03 / 01 / 2010  
Transaction ID: SA11AI.103486  
Amount of Each Receipt this Period 349.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1047.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 124

(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

**A.**

Full Name (Last, First, Middle Initial)  
Ken Heinemann

Mailing Address 3901 S Via Del Ruisenor

City State Zip Code  
Green Valley AZ 85614-5017

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.103503

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David E. Henkle

Mailing Address 1308 E 12th St Apt 2B

City State Zip Code  
Mishawaka IN 46544-5734

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2010

Transaction ID: SA11AI.103523

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mr. David E. Henkle

Mailing Address 1308 E 12th St Apt 2B

City State Zip Code  
Mishawaka IN 46544-5734

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: SA11AI.103524

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Gregory T. Hertzsch

Mailing Address 120 Hills Dr

City State Zip Code  
Clarksville IN 47129-2539

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

Name of Employer Occupation  
Vivid Impact, Inc. Driver

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 379.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** SA11AI.103537

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 66 Heatherdowns Ln

City State Zip Code  
Galena IL 61036-8638

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** SA11AI.103538

Amount of Each Receipt this Period  
100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert William Hoffman

Mailing Address 187 Newbury Ln

City State Zip Code  
Newbury Park CA 91320-4625

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

Name of Employer Occupation  
Modis, Inc. Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** SA11AI.103579

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **699.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 124

(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**

**A.**

Full Name (Last, First, Middle Initial)  
Steven A. Hoffman

Mailing Address 1604 Sedgefield Dr

City State Zip Code  
Murrells Inlt SC 29576-8671

FEC ID number of contributing federal political committee. C

Name of Employer LRQA Occupation  
QA Assessor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** SA11AI.103580

Amount of Each Receipt this Period 10.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Steven A. Hoffman

Mailing Address 1604 Sedgefield Dr

City State Zip Code  
Murrells Inlt SC 29576-8671

FEC ID number of contributing federal political committee. C

Name of Employer LRQA Occupation  
QA Assessor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 454.00

Date of Receipt MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** SA11AI.103581

Amount of Each Receipt this Period 25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Pamela J. Hoiles

Mailing Address 25 Hillside Rd

City State Zip Code  
Greenwich CT 06830-4834

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 MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** SA11AI.103592

Amount of Each Receipt this Period 150.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 185.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Lonnie D. Holcomb

Mailing Address 1194 Sweetwood Cir

City State Zip Code  
Nampa ID 83651-2174

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

Name of Employer Occupation  
WDS global technical spt agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 394.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2010

Transaction ID: SA11AI.103595

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 12800 La Cresta Dr

City State Zip Code  
Los Altos Hills CA 94022-2539

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

Name of Employer Occupation  
Sun Microsystems SW Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

Transaction ID: SA11AI.103617

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 1303 Cromwell Ct

City State Zip Code  
Bel Air MD 21014-2248

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

Name of Employer Occupation  
Southern States Cooperative, Inc. Store Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

Transaction ID: SA11AI.103635

Amount of Each Receipt this Period  
85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **783.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 124

(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

**A.**

Full Name (Last, First, Middle Initial)

Barbara Howe

Mailing Address 5046 Tar Hill Dr

City State Zip Code  
Oxford NC 27565-5416

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 394.00

Date of Receipt

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

Transaction ID: SA11AI.103643

Amount of Each Receipt this Period

274.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Barbara Howe

Mailing Address 5046 Tar Hill Dr

City State Zip Code  
Oxford NC 27565-5416

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 668.00

Date of Receipt

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

Transaction ID: SA11AI.103644

Amount of Each Receipt this Period

274.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Olin V. Hyde

Mailing Address 117 W Square Dr

City State Zip Code  
Richmond VA 23238-6156

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt

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

Transaction ID: SA11AI.103675

Amount of Each Receipt this Period

250.00

Contribution

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

798.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 124  
(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

**A.** Full Name (Last, First, Middle Initial)  
James J. Jensen

Mailing Address 10807 Kuralei Dr

City State Zip Code  
Jacksonville FL 32246-2418

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

Name of Employer outside Machinist Occupation Maritime Mechanical Ser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 379.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2010

Transaction ID: SA11AI.103724

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 10807 Kuralei Dr

City State Zip Code  
Jacksonville FL 32246-2418

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

Name of Employer None Occupation Housewife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2010

Transaction ID: SA11AI.103726

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 20431 SW Crestmont Pl

City State Zip Code  
Sherwood OR 97140-8696

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

Name of Employer AngelVision Tech. Occupation CEO - President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.103730

Amount of Each Receipt this Period  
349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1047.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Michael Paul Jingoian  
 Mailing Address 20431 SW Crestmont Pl  
 City State Zip Code  
 Sherwood OR 97140-8696  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AngelVision Tech. CEO - President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.00  
 Date of Receipt: 03 / 01 / 2010  
**Transaction ID:** SA11AI.103731  
 Amount of Each Receipt this Period: 25.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence Walter Johnson  
 Mailing Address 1659 Wingate Blvd  
 City State Zip Code  
 Ypsilanti MI 48198-6531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Comcast Technical Support Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.00  
 Date of Receipt: 03 / 23 / 2010  
**Transaction ID:** SA11AI.103751  
 Amount of Each Receipt this Period: 274.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Brian Jones  
 Mailing Address 815 Sunrise Trl  
 City State Zip Code  
 Spring Branch TX 78070-5606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Valero Energy Systems Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00  
 Date of Receipt: 03 / 04 / 2010  
**Transaction ID:** SA11AI.103776  
 Amount of Each Receipt this Period: 200.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 499.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Clint Jones

Mailing Address 2241 S Lowell Blvd

City State Zip Code  
Denver CO 80219-5306

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

Name of Employer Down to Earth LLC      Occupation Owner/Partner

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** SA11AI.103779

Amount of Each Receipt this Period 274.00

Contribution

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

Mailing Address 895 Winchester Ct

City State Zip Code  
Carol Stream IL 60188-4643

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

Name of Employer Crystal Point Crossing      Occupation Web Consultant

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 474.00

Date of Receipt MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** SA11AI.103812

Amount of Each Receipt this Period 349.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Achyut B. Kamat, M.D.

Mailing Address 555 S Main St Apt 215

City State Zip Code  
Providence RI 02903-4353

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

Name of Employer United Emergency Med      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** SA11AI.103828

Amount of Each Receipt this Period 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1123.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 124  
(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

**A.**

Full Name (Last, First, Middle Initial) Daniel M. Karlan		Date of Receipt MM / DD / YYYY 03 / 19 / 2010
Mailing Address 97 Manhattan Ave		Transaction ID: SA11AI.103836
City Waldwick	State NJ	Zip Code 07463-2228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self employed	Occupation Author	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 649.00	

**B.**

Full Name (Last, First, Middle Initial) David Kaufman		Date of Receipt MM / DD / YYYY 03 / 15 / 2010
Mailing Address 310 W Wayne Pl		Transaction ID: SA11AI.103841
City Wheeling	State IL	Zip Code 60090-4637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Howard Simon & Associates, Inc	Occupation Retirement Plan Administr	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Brendan Kelly		Date of Receipt MM / DD / YYYY 03 / 01 / 2010
Mailing Address 17 Ayer Cir		Transaction ID: SA11AI.103855
City Seabrook	State NH	Zip Code 03874-4002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer National Wrecker Svcs	Occupation Dispatcher	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5125.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 124

(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

**A.**

Full Name (Last, First, Middle Initial)  
Brendan Kelly

Mailing Address 17 Ayer Cir

City State Zip Code  
Seabrook NH 03874-4002

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

Name of Employer Occupation  
National Wrecker Svcs Dispatcher

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 924.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2010

Transaction ID: SA11AI.103856

Amount of Each Receipt this Period

349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Kidd

Mailing Address 367 Cherokee Ave SE

City State Zip Code  
Atlanta GA 30312-2230

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

Name of Employer Occupation  
Kratos SE, Inc. Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 349.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2010

Transaction ID: SA11AI.103881

Amount of Each Receipt this Period

349.00

Contribution

**C.**

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

Mailing Address 2278 Eagles Nest Dr

City State Zip Code  
Lafayette CO 80026-9311

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2010

Transaction ID: SA11AI.103918

Amount of Each Receipt this Period

250.00

Contribution

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

948.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 124
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Eva Frances Kosinski		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 1301 Jackson Ct		Transaction ID: SA11AI.103950		
	City Louisville	State CO	Zip Code 80027-1634	Amount of Each Receipt this Period 274.00	
	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 ▼ 274.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) James L. Kretchmer		Date of Receipt MM / DD / YYYY 03 / 30 / 2010		
	Mailing Address 5 Sandringham Pl		Transaction ID: SA11AI.103965		
	City Piedmont	State CA	Zip Code 94611-3611	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Joshua Kubicki		Date of Receipt MM / DD / YYYY 03 / 02 / 2010		
	Mailing Address 619 Gist Ave		Transaction ID: SA11AI.103970		
	City Silver Spring	State MD	Zip Code 20910-5233	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Crivella West		Occupation Legal Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	609.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 124
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ben Lake	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 13336 Patito PI Apt 2	<b>Transaction ID:</b> SA11AI.104005
	City State Zip Code Dallas TX 75240-5916	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Wieck Media Web Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael M. Lamboley	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 6102 Manzanillo Dr	<b>Transaction ID:</b> SA11AI.104013
	City State Zip Code Goleta CA 93117-1720	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Information Requested Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Lassiter	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 219 Martin Dr	<b>Transaction ID:</b> SA11AI.104038
	City State Zip Code Grant AL 35747-8471	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Old Dominion Freight Line Truck Driver	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 47 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Lawrence  
Mailing Address 811 SW 14th St  
City Troutdale State OR Zip Code 97060-1476  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Intel Corporation Occupation Director of Global Content Policy and  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 604.00  
Date of Receipt 03 / 02 / 2010  
Transaction ID: SA11AI.104045  
Amount of Each Receipt this Period 85.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Learned  
Mailing Address 3889 Hampstead Rd  
City La Canada State CA Zip Code 91011-3961  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BPN Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: SA11AI.104053  
Amount of Each Receipt this Period 500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Joe Liemandt  
Mailing Address 801 W 5th St Apt 2901  
City Austin State TX Zip Code 78703-5464  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Trilogy Occupation Software  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 7500.00  
Date of Receipt 03 / 01 / 2010  
Transaction ID: SA11AI.104104  
Amount of Each Receipt this Period 2500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3085.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 124  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Paul F. List

Mailing Address PO Box 64

City State Zip Code  
Newberry MI 49868-0064

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

Transaction ID: SA11AI.104126

Amount of Each Receipt this Period  
100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin Litten

Mailing Address 6607 Kiowa Trce NE

City State Zip Code  
Cedar Rapids IA 52411-7723

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

Name of Employer Hy-Vee, Inc Occupation Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

Transaction ID: SA11AI.104127

Amount of Each Receipt this Period  
274.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Melisse Lusin

Mailing Address 12800 La Cresta Dr

City State Zip Code  
Los Altos Hills CA 94022-2539

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

Name of Employer Genentech Occupation Group Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

Transaction ID: SA11AI.104175

Amount of Each Receipt this Period  
349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **723.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Hardy A. Macia, III

Mailing Address PO Box 343

City Tilton State NH Zip Code 03276-0343

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 ▼ 1000.00

Date of Receipt 03 / 09 / 2010

Transaction ID: SA11AI.104185

Amount of Each Receipt this Period 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jaime J. Marcio

Mailing Address 2428 Upas Ave Apt 10

City McAllen State TX Zip Code 78501-6456

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

Name of Employer South TX Comm College Occupation professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2010

Transaction ID: SA11AI.104197

Amount of Each Receipt this Period 250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. David L. Maris

Mailing Address 684 Benicia Dr Apt 57

City Santa Rosa State CA Zip Code 95409-3074

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.104205

Amount of Each Receipt this Period 250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David L. Maris

Mailing Address 684 Benicia Dr Apt 57

City State Zip Code  
Santa Rosa CA 95409-3074

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** SA11AI.104206

Amount of Each Receipt this Period  
25.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward D. Marsh

Mailing Address PO Box 911

City State Zip Code  
Blountville TN 37617-0911

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

Name of Employer Occupation  
Bristol Motors, Inc. President/Owner/Operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 298.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.104214

Amount of Each Receipt this Period  
99.00

Contribution

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

Mailing Address 2234 E Crosby Rd

City State Zip Code  
Carrollton TX 75006-7744

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

Name of Employer Occupation  
Verizon Wireless Telecom Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2010

**Transaction ID:** SA11AI.104237

Amount of Each Receipt this Period  
200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **324.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 124

(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

**A.**

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

Mailing Address 2234 E Crosby Rd

City State Zip Code  
Carrollton TX 75006-7744

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

Name of Employer Occupation  
Verizon Wireless Telecom Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1049.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2010

Transaction ID: SA11AI.104238

Amount of Each Receipt this Period

349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dana McLorn

Mailing Address 132 Fillmore Ave

City State Zip Code  
Oxnard CA 93035-4509

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

Name of Employer Occupation  
L.A. county fire Firefighter

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 274.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2010

Transaction ID: SA11AI.104322

Amount of Each Receipt this Period

274.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Stephen W. Modzelewski

Mailing Address 1578 River Rd

City State Zip Code  
New Hope PA 18938-9267

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

Name of Employer Occupation  
The Watermark Group Computer Programmer

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 / 2010

Transaction ID: SA11AI.104414

Amount of Each Receipt this Period

100.00

Contribution

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

723.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 124

(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

**A.**

Full Name (Last, First, Middle Initial)  
Chuck Moulton

Mailing Address 4220 Hunt Club Cir Apt 811

City State Zip Code  
Fairfax VA 22033-4040

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

Name of Employer Occupation  
Villanova Law School Student

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.104461

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Chuck Moulton

Mailing Address 4220 Hunt Club Cir Apt 811

City State Zip Code  
Fairfax VA 22033-4040

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

Name of Employer Occupation  
Villanova Law School Student

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 749.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.104462

Amount of Each Receipt this Period

349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
George W. Mowbray

Mailing Address 3649 Burton Ln

City State Zip Code  
Lake Charles LA 70605-1025

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

Name of Employer Occupation  
Lake Charles Pilots, Inc. River Pilot

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 01 / 2010

Transaction ID: SA11AI.104466

Amount of Each Receipt this Period

150.00

Contribution

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

599.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 124
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cynthia L. Myers		Date of Receipt MM / DD / YYYY 03 / 02 / 2010		
	Mailing Address 111 Elmwood Ave		<b>Transaction ID:</b> SA11AI.104501		
	City Narberth	State PA	Zip Code 19072-2409	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Kids Korner Child Care Ce- nter	Occupation Teacher/Director	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) John Jay Myers		Date of Receipt MM / DD / YYYY 03 / 03 / 2010		
	Mailing Address 4440 Lawnview Ave		<b>Transaction ID:</b> SA11AI.104503		
	City Dallas	State TX	Zip Code 75227-3028	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer ClearSky24.com	Occupation President	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard P. Myers		Date of Receipt MM / DD / YYYY 03 / 02 / 2010		
	Mailing Address 111 Elmwood Ave		<b>Transaction ID:</b> SA11AI.104505		
	City Narberth	State PA	Zip Code 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	Occupation Attorney	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 124
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Nagel		Date of Receipt
	Mailing Address 306 Turquoise Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City	State	Zip Code
	Hercules	CA	94547-1735
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.104508
Name of Employer BART		Occupation Station Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Josiah Neff		Date of Receipt
	Mailing Address 3704 Noble Creek Dr NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2010
	City	State	Zip Code
	Atlanta	GA	30327-5124
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.104518
Name of Employer Practiceworks		Occupation Technical Support Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 349.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Darlene H. Nicholas		Date of Receipt
	Mailing Address 4721 Powder Mill Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 15 / 2010
	City	State	Zip Code
	Beltsville	MD	20705-1933
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.104549
Name of Employer General Dynamics Informat- ion Technolgy		Occupation Program Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 274.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>873.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 55 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

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

Mailing Address 1901 E Walnut St Apt 206

City State Zip Code  
Columbia MO 65201-7240

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

Name of Employer Occupation  
Univ. of MO System Computer Programmer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 274.00

Date of Receipt  

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

**Transaction ID:** SA11AI.104557

Amount of Each Receipt this Period  
274.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dan O'Connell

Mailing Address 206 Marquette St

City State Zip Code  
La Salle IL 61301-8863

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 274.00

Date of Receipt  

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

**Transaction ID:** SA11AI.104583

Amount of Each Receipt this Period  
274.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mary Galen O'Connor

Mailing Address 5429 Lyndale Ave N

City State Zip Code  
Minneapolis MN 55430-3201

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 274.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

**Transaction ID:** SA11AI.104585

Amount of Each Receipt this Period  
274.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **822.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 124

(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

**A.**

Full Name (Last, First, Middle Initial)  
Mary Galen O'Connor

Mailing Address 5429 Lyndale Ave N

City State Zip Code  
Minneapolis MN 55430-3201

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 374.00

Date of Receipt

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

Transaction ID: SA11AI.104586

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Sean T. O'Toole

Mailing Address 3425 Gladstone Blvd

City State Zip Code  
Kansas City MO 64123-1112

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 ▼ 349.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.104628

Amount of Each Receipt this Period

349.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Robert Odden

Mailing Address 1201 42 1/2 Ave NE

City State Zip Code  
Minneapolis MN 55421-3162

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

Name of Employer Liberty Mutual Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 439.00

Date of Receipt

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

Transaction ID: SA11AI.104587

Amount of Each Receipt this Period

25.00

Contribution

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

474.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 124

(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

A.

Full Name (Last, First, Middle Initial)  
Bill Olinger

Mailing Address 18 Imperial PI Unit 5G

City State Zip Code  
Providence RI 02903-4643

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.104604

Amount of Each Receipt this Period  
50.00

Contribution

B.

Full Name (Last, First, Middle Initial)  
Dave W. Olsen

Mailing Address 7487 S Yale Ave

City State Zip Code  
Tulsa OK 74136-7021

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

Name of Employer Self Employed Occupation Sales

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

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

Transaction ID: SA11AI.104606

Amount of Each Receipt this Period  
100.00

Contribution

C.

Full Name (Last, First, Middle Initial)  
Arlen Overvig

Mailing Address 765 112th Ave NW

City State Zip Code  
Coon Rapids MN 55448-3223

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

Transaction ID: SA11AI.104632

Amount of Each Receipt this Period  
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

650.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 124  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Nicholas A. Patterson

Mailing Address 2115 Austrian Way

City State Zip Code  
Colorado Springs CO 80919-3424

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

Name of Employer Occupation  
Agilent Technologies, Inc. Software Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 298.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** SA11AI.104683

Amount of Each Receipt this Period  
16.00

Contribution

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

Mailing Address 7314 Daisy St

City State Zip Code  
Columbus GA 31904-2606

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

Name of Employer Occupation  
Columbus State Univ. System Support Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** SA11AI.104696

Amount of Each Receipt this Period  
75.00

Contribution

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

Mailing Address 367 Cherokee Ave SE

City State Zip Code  
Atlanta GA 30312-2230

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

Name of Employer Occupation  
Bagwell Associates, PC Legal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 374.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** SA11AI.104740

Amount of Each Receipt this Period  
349.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

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

Mailing Address 538 Spring Place Rd NE

City State Zip Code  
White GA 30184-2232

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2010

**Transaction ID:** SA11AI.104763

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 7604 E Autumn Leaf Dr

City State Zip Code  
Tucson AZ 85756-6130

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

Name of Employer Mission Linen Supply Occupation Environmental Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 389.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** SA11AI.104812

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 7604 E Autumn Leaf Dr

City State Zip Code  
Tucson AZ 85756-6130

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

Name of Employer Mission Linen Supply Occupation Environmental Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 409.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** SA11AI.104813

Amount of Each Receipt this Period  
20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 869.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 124
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) William B. Redpath		Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 827 Anthony Ct SE		Transaction ID: SA11AI.104844
	City Leesburg	State VA	Zip Code 20175-5629
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
	Name of Employer BIA Financial Network, Inc.	Occupation Financial Analyst	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 599.02	

<b>B.</b>	Full Name (Last, First, Middle Initial) John L. Reece		Date of Receipt MM / DD / YYYY 03 / 02 / 2010
	Mailing Address 863 Agate St Apt 3		Transaction ID: SA11AI.104845
	City San Diego	State CA	Zip Code 92109-1177
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer UPS	Occupation Flight Officer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Richards		Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 8310 Carrleigh Pkwy		Transaction ID: SA11AI.104875
	City Springfield	State VA	Zip Code 22152-1602
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 349.00
	Name of Employer Not presently employed	Occupation Astronautical Engineer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 349.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	517.34
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 124
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard R. Ridgway	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address PO Box 1364	<b>Transaction ID:</b> SA11AI.104905
	City State Zip Code Hockessin DE 19707-5364	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Neumann University Librarian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gil Robinson	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 5150 Broadway St # 610	<b>Transaction ID:</b> SA11AI.104930
	City State Zip Code San Antonio TX 78209-5710	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation PRINCETON MEDICAL GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Bruce Rogers	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 2833 Ringgold Dr	<b>Transaction ID:</b> SA11AI.104939
	City State Zip Code Apex NC 27539-7431	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation EMC Corporation Principal Production Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 124  
(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

**A.** Full Name (Last, First, Middle Initial)  
James P. Rongstad

Mailing Address 611 County Road 13 SW

City Pine Island State MN Zip Code 55963-9404

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

Name of Employer Ramsey County Occupation Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 03 / 08 / 2010  
Transaction ID: SA11AI.104952  
Amount of Each Receipt this Period 274.00  
Contribution

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

Mailing Address 1503 Morgan Rd  
PO Box 518

City Benson State NC Zip Code 27504-0518

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

Name of Employer LJ ROGERS TRUCKING / CRES-TMARK ENTERPR Occupation transportation broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2010  
Transaction ID: SA11AI.104954  
Amount of Each Receipt this Period 100.00  
Contribution

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

Mailing Address 5 Cuesta Ln

City Santa Fe State NM Zip Code 87508-8331

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

Name of Employer Self-Employed Occupation Ranching, Real Estate Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2010  
Transaction ID: SA11AI.104967  
Amount of Each Receipt this Period 100.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 474.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** 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**

Name of Employer Thrasher Buschmann Griffith Voelkel Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 409.00

Date of Receipt 03 / 15 / 2010  
Transaction ID: SA11AI.104988  
Amount of Each Receipt this Period 349.00  
Contribution

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

Mailing Address 109 Latigo Dr

City Burnet State TX Zip Code 78611-5921

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

Name of Employer Self Employed Occupation Educator

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 980.00

Date of Receipt 03 / 01 / 2010  
Transaction ID: SA11AI.104989  
Amount of Each Receipt this Period 25.00  
Contribution

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

Mailing Address 109 Latigo Dr

City Burnet State TX Zip Code 78611-5921

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

Name of Employer Self Employed Occupation Educator

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1079.00

Date of Receipt 03 / 31 / 2010  
Transaction ID: SA11AI.104990  
Amount of Each Receipt this Period 99.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 473.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 124  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Emily H. Salvette

Mailing Address 2016 Devonshire Rd

City State Zip Code  
Ann Arbor MI 48104-4058

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

Name of Employer Unemployed/Works At Home Occupation Domestic Caregiver

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 948.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

Transaction ID: SA11AI.105009

Amount of Each Receipt this Period  
50.00

Contribution

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

Mailing Address 10200 Park Meadows Dr Unit 236

City State Zip Code  
Lone Tree CO 80124-5457

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

Name of Employer Colorado State Public Defender Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.105022

Amount of Each Receipt this Period  
274.00

Contribution

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

Mailing Address 10200 Park Meadows Dr Unit 236

City State Zip Code  
Lone Tree CO 80124-5457

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

Name of Employer Colorado State Public Defender Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 329.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2010

Transaction ID: SA11AI.105023

Amount of Each Receipt this Period  
25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 349.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 124
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James William Schaeffer		Date of Receipt	
	Mailing Address 18 Sunset Dr		M M / D D / Y Y Y Y Y 03 / 22 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.105032
	Severna Park	MD	21146-3230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer US Army Corps of Engineers		Occupation construction manager		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy G. Schmitt		Date of Receipt	
	Mailing Address 201 Lexington		M M / D D / Y Y Y Y Y 03 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.105054
	Quincy	IL	62305-0916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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		

<b>C.</b>	Full Name (Last, First, Middle Initial) Debra Schum		Date of Receipt	
	Mailing Address 15102 Rimrock Rd		M M / D D / Y Y Y Y Y 03 / 29 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.105085
	Cedaredge	CO	81413-8151	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		274.00	
Name of Employer Flourescent Ranch Sage		Occupation Self Employed		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 324.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	624.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 124  
 (check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
James J. Sewell

Mailing Address 917 West Lawn Ave

City State Zip Code  
Racine WI 53405-2448

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

Name of Employer Occupation  
Unico, Inc. Software Eng.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

Transaction ID: SA11AI.105118

Amount of Each Receipt this Period  
274.00

Contribution

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

Mailing Address 4457 Young Dr

City State Zip Code  
Carrollton TX 75010-1145

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 424.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.105159

Amount of Each Receipt this Period  
349.00

Contribution

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

Mailing Address 6 Whartons Way

City State Zip Code  
Hampton VA 23669-1094

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

Name of Employer Occupation  
Old Point National Bank Information Systems banki

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.105160

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **723.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 124  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Robert Shuford

Mailing Address 6 Whartons Way

City State Zip Code  
Hampton VA 23669-1094

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

Name of Employer Occupation  
Old Point National Bank Information Systems banki

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 649.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2010

Transaction ID: SA11AI.105161

Amount of Each Receipt this Period  
349.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Gary Sicard

Mailing Address 585 Brougham Rd

City State Zip Code  
Robins IA 52328-9800

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

Name of Employer Occupation  
Fastek International Ltd Network Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

Transaction ID: SA11AI.105168

Amount of Each Receipt this Period  
274.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Deborah Sievenking

Mailing Address 610 Farquar Ave

City State Zip Code  
Corydon IN 47112-1539

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 ▼ 349.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2010

Transaction ID: SA11AI.105171

Amount of Each Receipt this Period  
349.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **972.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 124
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah Sievenking		Date of Receipt
	Mailing Address 610 Farquar Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 02 / 2010
	City	State	Zip Code
	Corydon	IN	47112-1539
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.105172
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 374.00	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph P. Silvestri		Date of Receipt
	Mailing Address 7301 Stange Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	Las Vegas	NV	89129-5951
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.105182
Name of Employer Clark County School Dist		Occupation Teacher	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 349.00
		<input type="text"/> 379.00	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd R. Singer		Date of Receipt
	Mailing Address 2244 Westmere Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	Plainfield	IN	46168-6798
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.105192
Name of Employer Self Employed		Occupation Accountant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 349.00
		<input type="text"/> 409.00	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 723.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 69 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey S. Skinner  
Mailing Address PO Box 7007  
City Northridge State CA Zip Code 91327-7007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Prism Management Company, Inc. Occupation Consulting Actuary/Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 03 / 01 / 2010  
Transaction ID: SA11AI.105206  
Amount of Each Receipt this Period 75.00  
Contribution

**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**  
Name of Employer HYCO Tunnel & Sewer Co. Occupation Land Speculator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 19 / 2010  
Transaction ID: SA11AI.105227  
Amount of Each Receipt this Period 100.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Terri Smith  
Mailing Address 115 Weir Ct  
City Natchez State MS Zip Code 39120-5501  
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 ▼ 349.00  
Date of Receipt 03 / 11 / 2010  
Transaction ID: SA11AI.105235  
Amount of Each Receipt this Period 349.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 524.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 124  
(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
							17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Clifford B. Sondock

Mailing Address 6 Crane Rd

City State Zip Code  
Huntington NY 11743-1733

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

Name of Employer Occupation  
Spiegel Assoc. Real Estate

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

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.105260

Amount of Each Receipt this Period  
100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Scott Spencer

Mailing Address 424 Whitridge Ave

City State Zip Code  
Baltimore MD 21218-4435

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

Name of Employer Occupation  
Johns Hopkins University Programmer/Analyst

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.105281

Amount of Each Receipt this Period  
85.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Laurie A. Sponza

Mailing Address 21 Hilltop Dr

City State Zip Code  
Smithtown NY 11787-1606

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

Name of Employer Occupation  
Harborside Veterinary Hospital Veterinarian

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

Transaction ID: SA11AI.105291

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 124
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cisse Spragins		Date of Receipt
	Mailing Address 3425 Gladstone Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 30 / 2010
	City	State	Zip Code
	Kansas City	MO	64123-1112
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.105294
Name of Employer Rockwell Lab Ltd.		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 349.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) John C. Sproul		Date of Receipt
	Mailing Address 397 Raines Park		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 15 / 2010
	City	State	Zip Code
	Rochester	NY	14613-1118
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.105298
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Aaron Starr		Date of Receipt
	Mailing Address 4048 Tucson St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 09 / 2010
	City	State	Zip Code
	Simi Valley	CA	93063-1144
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.105325
Name of Employer Haas Automation, Inc.		Occupation Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 349.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 798.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 124  
(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**

**A.** Full Name (Last, First, Middle Initial)  
Ms. Janine Elizabeth Steck

Mailing Address 7125 Saint Martins Blvd

City State Zip Code  
**Jefferson City MO 65109-2900**

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 ▼ **274.00**

Date of Receipt **03 / 19 / 2010**

**Transaction ID: SA11AI.105329**

Amount of Each Receipt this Period **274.00**

Contribution

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

Mailing Address 3 Craft Farm Dr

City State Zip Code  
**Bridgewater NJ 08807-5586**

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

Name of Employer Johnson & Johnson Occupation Phamaceutical R + O

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 08 / 2010**

**Transaction ID: SA11AI.105351**

Amount of Each Receipt this Period **250.00**

Contribution

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

Mailing Address 8401 E Appomattox St

City State Zip Code  
**Tucson AZ 85710-2922**

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

Name of Employer Raytheon Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **03 / 01 / 2010**

**Transaction ID: SA11AI.105360**

Amount of Each Receipt this Period **75.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **599.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Scott A. Stewart

Mailing Address 8401 E Appomattox St

City Tucson State AZ Zip Code 85710-2922

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

Name of Employer Raytheon Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 29 / 2010  
Transaction ID: SA11AI.105361  
Amount of Each Receipt this Period: 75.00  
Contribution

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

Mailing Address Unit 8400 Box D

City Dpo State AE Zip Code 09498-9997

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

Name of Employer United States Air Force Occupation Operations Cordinator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 15 / 2010  
Transaction ID: SA11AI.105303  
Amount of Each Receipt this Period: 250.00  
Contribution

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

Mailing Address 269 Habecking Dr

City Saint Louis State MO Zip Code 63137-3914

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

Name of Employer Terracon Consultants, Inc Occupation Administrative Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt: 03 / 10 / 2010  
Transaction ID: SA11AI.105374  
Amount of Each Receipt this Period: 274.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 599.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John Stratton  
Mailing Address 707 Bashford Ln  
City Alexandria State VA Zip Code 22314-1307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ticket To Ride Occupation Travel Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 15 / 2010  
Transaction ID: SA11AI.105387  
Amount of Each Receipt this Period 100.00  
Contribution

**B.** 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**  
Name of Employer FrontRangeSystems Occupation Computer Specialist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 409.00  
Date of Receipt 03 / 01 / 2010  
Transaction ID: SA11AI.105411  
Amount of Each Receipt this Period 20.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Timothy J. Swenson  
Mailing Address 210 Vine St PO Box 146  
City Arnegard State ND Zip Code 58835-0146  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wilmington Lutheran Church Occupation Pastor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 01 / 2010  
Transaction ID: SA11AI.105431  
Amount of Each Receipt this Period 50.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 170.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John M. Taylor, MD  
Mailing Address 145 Church St  
City State Zip Code  
Fair Haven NJ 07704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
The Samra Group Physician  
Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2010  
Transaction ID: SA11AI.105927  
Amount of Each Receipt this Period  
85.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Joseph P. Thompson  
Mailing Address 7474 E Arkansas Ave Apt 3010  
City State Zip Code  
Denver CO 80231-2546  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Information Requested Information Requested  
Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 409.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2010  
Transaction ID: SA11AI.105482  
Amount of Each Receipt this Period  
349.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul G. Thompson  
Mailing Address 208 Bluebird Xing  
City State Zip Code  
Glen Mills PA 19342-3360  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Hay Group Programmer/Analyst  
Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 349.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2010  
Transaction ID: SA11AI.105484  
Amount of Each Receipt this Period  
349.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **783.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 76 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Catherine G. Tripp  
Mailing Address 89 Martha Ave  
City San Francisco State CA Zip Code 94131-2849  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CGTripp enterprises, Inc Occupation Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 03 / 01 / 2010  
Transaction ID: SA11AI.105542  
Amount of Each Receipt this Period 75.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Patricia Tweedle  
Mailing Address 291 Garner Dr  
City Branson State MO Zip Code 65616-8849  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 369.00  
Date of Receipt 03 / 08 / 2010  
Transaction ID: SA11AI.105568  
Amount of Each Receipt this Period 349.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Richard W. Vanier  
Mailing Address 2861 Anderson Ln  
City Brentwood State CA Zip Code 94513-5711  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Farmers Insurance Occupation Claims Specialist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 319.00  
Date of Receipt 03 / 19 / 2010  
Transaction ID: SA11AI.105590  
Amount of Each Receipt this Period 274.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 698.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 77 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Sue Velie  
Mailing Address 2620 E 150 N  
City Lagrange State IN Zip Code 46761-9694  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jeffrey L. Bssett Occupation Dental Tech  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00  
Date of Receipt 03 / 15 / 2010  
Transaction ID: SA11AI.105597  
Amount of Each Receipt this Period 25.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Arch Wakefield  
Mailing Address 3047 Point Clear Dr  
City Tega Cay State SC Zip Code 29708-8542  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 03 / 01 / 2010  
Transaction ID: SA11AI.105637  
Amount of Each Receipt this Period 75.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ryan Ward  
Mailing Address 14805 Earl Grey Ln  
City Pflugerville State TX Zip Code 78660-3028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tipping Point Occupation Test Developer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 18 / 2010  
Transaction ID: SA11AI.105668  
Amount of Each Receipt this Period 100.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 78 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Stephanie E. Watson  
Mailing Address 6720 Sandwell Ln Apt 105  
City Raleigh State NC Zip Code 27607-5278  
FEC ID number of contributing federal political committee. **C**  
Name of Employer rPath, Inc Occupation Technical Writer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 274.00  
Date of Receipt 03 / 17 / 2010  
Transaction ID: SA11AI.105692  
Amount of Each Receipt this Period 274.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Wendell L. Weatherford  
Mailing Address 1311 July Dr  
City Austin State TX Zip Code 78753-2923  
FEC ID number of contributing federal political committee. **C**  
Name of Employer H&R Block Occupation Income Tax Preparer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 274.00  
Date of Receipt 03 / 24 / 2010  
Transaction ID: SA11AI.105697  
Amount of Each Receipt this Period 274.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Wendell L. Weatherford  
Mailing Address 1311 July Dr  
City Austin State TX Zip Code 78753-2923  
FEC ID number of contributing federal political committee. **C**  
Name of Employer H&R Block Occupation Income Tax Preparer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 374.00  
Date of Receipt 03 / 24 / 2010  
Transaction ID: SA11AI.105698  
Amount of Each Receipt this Period 100.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 648.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 124
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wendell L. Weatherford	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 1311 July Dr	<b>Transaction ID:</b> SA11AI.105699
	City State Zip Code Austin TX 78753-2923	Amount of Each Receipt this Period 274.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer H&R Block	Occupation Income Tax Preparer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 648.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey J. Weston	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 1255 NW 9th Ave Apt 301	<b>Transaction ID:</b> SA11AI.105730
	City State Zip Code Portland OR 97209-2887	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Eleven Wireless	Occupation SW Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Will W. White	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 3220 SE Hansel Ave	<b>Transaction ID:</b> SA11AI.105745
	City State Zip Code Arcadia FL 34266-3143	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1374.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 124
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) George R. Whitfield		Date of Receipt MM / DD / YYYY 03 / 01 / 2010		
	Mailing Address 45107 Tarney Wood Dr		Transaction ID: SA11AI.105751		
	City Portsmouth	State VA	Zip Code 23703-0000	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Halcyon Search International	Occupation Executive Search Consultant	Aggregate Year-to-Date 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) George R. Whitfield		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 45107 Tarney Wood Dr		Transaction ID: SA11AI.105752		
	City Portsmouth	State VA	Zip Code 23703-0000	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Halcyon Search International	Occupation Executive Search Consultant	Aggregate Year-to-Date 400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph G. Whitney		Date of Receipt MM / DD / YYYY 03 / 17 / 2010		
	Mailing Address PO Box 11		Transaction ID: SA11AI.105756		
	City Woodmere	State NY	Zip Code 11598-0011	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 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Paul Wiener  
Mailing Address 4250 Yukon Ave  
City State Zip Code  
Simi Valley CA 93063-1634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Northrop Grumman Corp. Electronic Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 274.00  
Date of Receipt: 03 / 30 / 2010  
Transaction ID: SA11AI.105761  
Amount of Each Receipt this Period: 274.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Donald Wills  
Mailing Address 770 Ponderosa Dr  
City State Zip Code  
Jackson WY 83001-9379  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Employed vice president  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 449.00  
Date of Receipt: 03 / 09 / 2010  
Transaction ID: SA11AI.105789  
Amount of Each Receipt this Period: 349.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Howard L. Wilson  
Mailing Address 57 Agony Hill Rd  
City State Zip Code  
Andover NH 03216-4050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Andover, N.H. Recycling Coord.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ -25.00  
Date of Receipt: 03 / 26 / 2010  
Transaction ID: SA11AI.106152  
Amount of Each Receipt this Period: -25.00  
NSF Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 598.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 82 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mike Wilson

Mailing Address 422 Jupiter Ave

City State Zip Code  
Salina KS 67401-7379

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

Name of Employer Occupation  
Kansas State University Retired Associate Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2010

**Transaction ID:** SA11AI.105803

Amount of Each Receipt this Period  
274.00

Contribution

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

Mailing Address 513 W 7th St

City State Zip Code  
Plainview TX 79072-6217

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

Name of Employer Occupation  
Pediatric Critical Care Group Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2010

**Transaction ID:** SA11AI.105818

Amount of Each Receipt this Period  
30.00

Contribution

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

Mailing Address 1301 Jackson Ct

City State Zip Code  
Louisville CO 80027-1634

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

Name of Employer Occupation  
Univ. Corp for Atmosphere Rese Computer Programming

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.105837

Amount of Each Receipt this Period  
274.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **578.00**

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

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

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

FOR LINE NUMBER: PAGE 83 / 124  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

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

Mailing Address 625 S Christensen Rd

City State Zip Code  
Medical Lake WA 99022-8669

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

Name of Employer L & S Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt 03 / 16 / 2010  
Transaction ID: SA11AI.105844  
Amount of Each Receipt this Period 349.00  
Contribution

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

Mailing Address 1796 Highway 25

City State Zip Code  
Guthrie Center IA 50115-8741

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

Name of Employer Broker Dealer Financial ser Occupation Investment Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 549.00

Date of Receipt 03 / 31 / 2010  
Transaction ID: SA11AI.105858  
Amount of Each Receipt this Period 349.00  
Contribution

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

Mailing Address 1796 Highway 25

City State Zip Code  
Guthrie Center IA 50115-8741

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

Name of Employer Broker Dealer Financial ser Occupation Investment Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 649.00

Date of Receipt 03 / 31 / 2010  
Transaction ID: SA11AI.105859  
Amount of Each Receipt this Period 100.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 798.00

**TOTAL** This Period (last page this line number only) ..... ▶ 62363.34

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

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

FOR LINE NUMBER: PAGE 84 / 124  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Louise Calise

Mailing Address 6802 Dante Ct.

City Springfield State VA Zip Code 22152-3328

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 329.73

Date of Receipt 03 / 05 / 2010  
**Transaction ID: SA15.106148**  
 Amount of Each Receipt this Period 109.91  
 COBRA Payment from former employee

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

Mailing Address US Post Office Watergate  
2500 virginia Ave NW

City Washington State DC Zip Code 20037-0000

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 786.47

Date of Receipt 03 / 25 / 2010  
**Transaction ID: SA15.106149**  
 Amount of Each Receipt this Period 215.84  
 Business Reply Mail Postage Refund

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.75**

**TOTAL** This Period (last page this line number only) ..... ► **325.75**

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) American National Insurance Co.  Mailing Address P. O. Box 1830 - Pension Dept.  City Galvison State TX Zip Code 77550-1830  Purpose of Disbursement LP 401k Plan Co. and Employee Contributions Candidate Name	Transaction ID: SB21B.105929 Date of Disbursement 03 / 17 / 2010	Amount of Each Disbursement this Period 1014.66
<b>B.</b>	Full Name (Last, First, Middle Initial) B & B Duplicators  Mailing Address 818 18th Street NW LL15  City Washington State DC Zip Code 20006-0000  Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name	Transaction ID: SB21B.106108 Date of Disbursement 03 / 08 / 2010	Amount of Each Disbursement this Period 392.20
<b>C.</b>	Full Name (Last, First, Middle Initial) B & B Duplicators  Mailing Address 818 18th Street NW LL15  City Washington State DC Zip Code 20006-0000  Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name	Transaction ID: SB21B.105932 Date of Disbursement 03 / 25 / 2010	Amount of Each Disbursement this Period 397.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1804.36
<b>TOTAL</b> 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 86 / 124

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

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

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Bob Barr <hr/> Mailing Address 900 Circle 75 Parkway <hr/> City Atlanta State GA Zip Code 30339-0000 <hr/> Purpose of Disbursement Travel Reimbursement - Delta Air Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.105934 Date of Disbursement 03 / 19 / 2010 <hr/> Amount of Each Disbursement this Period 265.40 <hr/> Category/Type 002
B.	Full Name (Last, First, Middle Initial) Robert C Benedict <hr/> Mailing Address 3816 S. Lamar Blvd. Apt. 3822 <hr/> City Austin State TX Zip Code 78704-0000 <hr/> Purpose of Disbursement Employee Net Pay Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.105935 Date of Disbursement 03 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 1546.97 <hr/> Category/Type 001
C.	Full Name (Last, First, Middle Initial) Robert C Benedict <hr/> Mailing Address 3816 S. Lamar Blvd. Apt. 3822 <hr/> City Austin State TX Zip Code 78704-0000 <hr/> Purpose of Disbursement Employee Net Pay Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.105936 Date of Disbursement 03 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 1546.95 <hr/> Category/Type 001

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

3359.32

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.	Full Name (Last, First, Middle Initial) Robert C Benedict	Transaction ID: SB21B.105937 Date of Disbursement 03 / 31 / 2010
	Mailing Address 3816 S. Lamar Blvd. Apt. 3822	Amount of Each Disbursement this Period 1546.97
	City Austin State TX Zip Code 78704-0000	
	Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BentleyForbes Watergate LLC	Transaction ID: SB21B.105938 Date of Disbursement 03 / 25 / 2010
	Mailing Address PO Box 73378	Amount of Each Disbursement this Period 10596.71
	City Cleveland State OH Zip Code 44193-3378	
	Purpose of Disbursement Office Rent, Tax, Maint & Utilities Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Bigeye Direct, Inc.	Transaction ID: SB21B.106159 Date of Disbursement 03 / 08 / 2010
	Mailing Address PO Box 710865	Amount of Each Disbursement this Period 395.00
	City Oak Hill State VA Zip Code 20171-0865	
	Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12538.68

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 88 / 124

<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) Bigeye Direct, Inc.	Transaction ID: SB21B.105941 Date of Disbursement
	Mailing Address PO Box 710865	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Oak Hill State VA Zip Code 20171-0865	Amount of Each Disbursement this Period
	Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	<input type="text" value="2602.86"/>
	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) Bigeye Direct, Inc.	Transaction ID: SB21B.105942 Date of Disbursement
	Mailing Address PO Box 710865	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Oak Hill State VA Zip Code 20171-0865	Amount of Each Disbursement this Period
	Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	<input type="text" value="1291.05"/>
	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) Cabling Concepts	Transaction ID: SB21B.106110 Date of Disbursement
	Mailing Address 485 Adams Ln	<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Severna Park State MD Zip Code 21146-2801	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone System Repair Candidate Name	<input type="text" value="150.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Carefirst CapitalCare (Robert)	<b>Transaction ID:</b> SB21B.105945 <b>Date of Disbursement</b>	<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>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	5		2	0	1	0														
	Mailing Address PO Box 79749																						
	City Baltimore State MD Zip Code 21279-0749	<b>Amount of Each Disbursement this Period</b>	129.00																				
	Purpose of Disbursement Employee Health Insurance	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																				
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:																						
<b>B.</b>	Full Name (Last, First, Middle Initial) Commonwealth Digital Office Solutions	<b>Transaction ID:</b> SB21B.105946 <b>Date of Disbursement</b>	<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>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	8		2	0	1	0														
	Mailing Address 21205 Ridgetop Circle																						
	City Sterling State VA Zip Code 20166-6501	<b>Amount of Each Disbursement this Period</b>	274.25																				
	Purpose of Disbursement Copier Maint and Supplies	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																				
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:																						
<b>C.</b>	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.105947 <b>Date of Disbursement</b>	<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>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	2		2	0	1	0														
	Mailing Address 941 North Capitol St, NE 6th Flr																						
	City Washington State DC Zip Code 20002-0000	<b>Amount of Each Disbursement this Period</b>	13.70																				
	Purpose of Disbursement DC - Admin. Funding Assessment	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																				
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:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	416.95
<b>TOTAL</b> 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.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	Transaction ID: SB21B.105948 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Unemployment Employer Candidate Name	<input type="text" value="89.05"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	Transaction ID: SB21B.105949 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Withholding Candidate Name	<input type="text" value="82.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	Transaction ID: SB21B.105950 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Admin. Funding Assessment Candidate Name	<input type="text" value="10.84"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="181.89"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue  Mailing Address 941 North Capitol St, NE 6th Flr  City Washington State DC Zip Code 20002-0000 Purpose of Disbursement DC - Unemployment Employer 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.105951 Date of Disbursement 03 / 16 / 2010  Amount of Each Disbursement this Period 214.10  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue  Mailing Address 941 North Capitol St, NE 6th Flr  City Washington State DC Zip Code 20002-0000 Purpose of Disbursement DC - Withholding 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.105952 Date of Disbursement 03 / 16 / 2010  Amount of Each Disbursement this Period 84.00  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue  Mailing Address 941 North Capitol St, NE 6th Flr  City Washington State DC Zip Code 20002-0000 Purpose of Disbursement DC - Admin. Funding Assessment 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.105953 Date of Disbursement 03 / 30 / 2010  Amount of Each Disbursement this Period 10.12  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	308.22
<b>TOTAL</b> 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 92 / 124

<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) DC Office of Tax & Revenue	Transaction ID: SB21B.105954 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Unemployment Employer Candidate Name	<input type="text" value="80.98"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	Transaction ID: SB21B.105955 Date of Disbursement
	Mailing Address 941 North Capitol St, NE 6th Flr	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement DC - Withholding Candidate Name	<input type="text" value="85.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) De Lage Landen Financial	Transaction ID: SB21B.105956 Date of Disbursement
	Mailing Address PO Box 41601	<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Philadelphia State PA Zip Code 19101-1601	Amount of Each Disbursement this Period
	Purpose of Disbursement Copier Lease Agreement Candidate Name	<input type="text" value="525.07"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="691.05"/>
<b>TOTAL</b> 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)

PAGE 93 / 124

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Arthur DiBianca  Mailing Address 619 Friar Tuck Ln  City Austin State TX Zip Code 78704-5609  Purpose of Disbursement Administrative Support 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:	Transaction ID: SB21B.105957 Date of Disbursement 03 / 08 / 2010  Amount of Each Disbursement this Period 882.00  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Arthur DiBianca  Mailing Address 619 Friar Tuck Ln  City Austin State TX Zip Code 78704-5609  Purpose of Disbursement Administrative Support 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:	Transaction ID: SB21B.105958 Date of Disbursement 03 / 25 / 2010  Amount of Each Disbursement this Period 864.00  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Susan M Dickson  Mailing Address 3410 Vineland Place  City Dumfries State VA Zip Code 22026-0000  Purpose of Disbursement Employee Net Pay 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:	Transaction ID: SB21B.105959 Date of Disbursement 03 / 03 / 2010  Amount of Each Disbursement this Period 990.79  001 Category/ Type

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

2736.79

**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) Susan M Dickson	Transaction ID: SB21B.105960 Date of Disbursement 03 / 17 / 2010
	Mailing Address 3410 Vineland Place	Amount of Each Disbursement this Period 990.79
	City Dumfries State VA Zip Code 22026-0000	
	Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Susan M Dickson	Transaction ID: SB21B.105961 Date of Disbursement 03 / 31 / 2010
	Mailing Address 3410 Vineland Place	Amount of Each Disbursement this Period 962.86
	City Dumfries State VA Zip Code 22026-0000	
	Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) DirectMail.com	Transaction ID: SB21B.105962 Date of Disbursement 03 / 25 / 2010
	Mailing Address 5511 Ketch Road Attn: Beverly Kalbaugh	Amount of Each Disbursement this Period 4424.74
	City Prince Frederick State MD Zip Code 20678-0000	
	Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6378.39

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.	Full Name (Last, First, Middle Initial) Dominick J Dunbar	Transaction ID: SB21B.105963 Date of Disbursement																			
	Mailing Address 1229 Aquia Dr	<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>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
	City Stafford State VA Zip Code 22554-2038	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

B.	Full Name (Last, First, Middle Initial) Dominick J Dunbar	Transaction ID: SB21B.105964 Date of Disbursement																			
	Mailing Address 1229 Aquia Dr	<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>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	1	0												
	City Stafford State VA Zip Code 22554-2038	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

C.	Full Name (Last, First, Middle Initial) Dominick J Dunbar	Transaction ID: SB21B.105965 Date of Disbursement																			
	Mailing Address 1229 Aquia Dr	<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>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
	City Stafford State VA Zip Code 22554-2038	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>3176.51</td></tr></table>	3176.51
3176.51		
<b>TOTAL</b> 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)

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

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

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paula Edwards</p> <p>Mailing Address 1200 G Street, N.W. Suite 800</p> <p>City Washington State DC Zip Code 20005-0000</p> <p>Purpose of Disbursement Fec Filing and Amendments Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105966 <b>Date of Disbursement</b> 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Federal Unemployment Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105967 <b>Date of Disbursement</b> 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 44.34</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Federal Withholding Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105968 <b>Date of Disbursement</b> 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1008.00</p> <p>001 Category/Type</p>

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

2302.34

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Medicare Employer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105969 <b>Date of Disbursement</b> 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 140.81</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Medicare Employee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105970 <b>Date of Disbursement</b> 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 140.81</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Social Security Employer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105971 <b>Date of Disbursement</b> 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 602.10</p> <p>001 Category/Type</p>

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

883.72

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Social Security Employee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105972 <b>Date of Disbursement</b> 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 602.10</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Federal Unemployment Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105973 <b>Date of Disbursement</b> 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 26.75</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Federal Withholding Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105974 <b>Date of Disbursement</b> 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 991.00</p> <p>001 Category/Type</p>

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

1619.85

**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 / 124

<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.** Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Medicare Employer

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.105975  
Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

138.99

**B.** Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.105976  
Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

138.99

**C.** Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Social Security Employer

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.105977  
Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

594.31

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

872.29

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit <hr/> Mailing Address PO Box 970030 <hr/> City St. Louis State MO Zip Code 63197-0030 <hr/> Purpose of Disbursement Social Security Employee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.105978 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 594.31
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit <hr/> Mailing Address PO Box 970030 <hr/> City St. Louis State MO Zip Code 63197-0030 <hr/> Purpose of Disbursement Federal Unemployment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.105979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 22.55
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit <hr/> Mailing Address PO Box 970030 <hr/> City St. Louis State MO Zip Code 63197-0030 <hr/> Purpose of Disbursement Federal Withholding Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.105980 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1020.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1636.86
<b>TOTAL</b> 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.** Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Medicare Employer

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.105981  
Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

144.36

**B.** Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.105982  
Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

144.36

**C.** Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement  
Social Security Employer

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.105983  
Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

617.25

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

905.97

**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 / 124

<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><b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Social Security Employee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105984 <b>Date of Disbursement</b> 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 617.25</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FP Mailing Solutions</p> <p>Mailing Address Dept 4272</p> <p>City Carol Stream State IL Zip Code 60122-4272</p> <p>Purpose of Disbursement Postage Meter Reset Fees and Supplies Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105986 <b>Date of Disbursement</b> 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 111.14</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FP Mailing Solutions</p> <p>Mailing Address Dept 4272</p> <p>City Carol Stream State IL Zip Code 60122-4272</p> <p>Purpose of Disbursement EOM Postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.105987 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>001 Category/ Type</p>

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

**4228.39**

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Great American Leasing Mailing Address PO Box 660831 City Dallas State TX Zip Code 75266-0831 Purpose of Disbursement Postage Machine Lease 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.105988 Date of Disbursement 03 / 25 / 2010
	Amount of Each Disbursement this Period 160.99 Category/Type: 001
<b>B.</b> Full Name (Last, First, Middle Initial) Casey T Hansen Mailing Address 1445 Ogden St. NW #212 City Washington State DC Zip Code 20010-0000 Purpose of Disbursement Employee Net Pay Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.105989 Date of Disbursement 03 / 03 / 2010
	Amount of Each Disbursement this Period 1010.79 Category/Type: 001
<b>C.</b> Full Name (Last, First, Middle Initial) Casey T Hansen Mailing Address 1445 Ogden St. NW #212 City Washington State DC Zip Code 20010-0000 Purpose of Disbursement Employee Net Pay Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.105990 Date of Disbursement 03 / 17 / 2010
	Amount of Each Disbursement this Period 1010.79 Category/Type: 001

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

2182.57

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Casey T Hansen</p> <p>Mailing Address 1445 Ogden St. NW #212</p> <p>City Washington State DC Zip Code 20010-0000</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.105991</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1010.80"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kyle J Hartz</p> <p>Mailing Address 4200 Cathedral Ave NW Apt 801</p> <p>City Washington State DC Zip Code 20016-4934</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.105992</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="536.09"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kyle J Hartz</p> <p>Mailing Address 4200 Cathedral Ave NW Apt 801</p> <p>City Washington State DC Zip Code 20016-4934</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.105993</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="561.59"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2108.48"/></p>
<p><b>TOTAL</b> 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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kyle J Hartz <hr/> Mailing Address 4200 Cathedral Ave NW Apt 801 <hr/> City Washington State DC Zip Code 20016-4934 <hr/> Purpose of Disbursement Employee Net Pay Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.105994 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period 575.71
<b>B.</b>	Full Name (Last, First, Middle Initial) Humana Health Insurance <hr/> Mailing Address 4201 W. Parmer Lane, Bldg. A, Suit <hr/> City Austin State TX Zip Code 78727-0000 <hr/> Purpose of Disbursement Expense Reimbursement - Medical Humana Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.105995 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 124.59
<b>C.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address PO Box 0073 <hr/> City Ogdan State UT Zip Code 84201-0073 <hr/> Purpose of Disbursement 1120-POL Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.105997 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 1348.99

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

2049.29

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Joe Ragan's <hr/> Mailing Address PO Box 125 <hr/> City Springfield State VA Zip Code 22150-0125 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.105998 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 171.94
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Joe Ragan's <hr/> Mailing Address PO Box 125 <hr/> City Springfield State VA Zip Code 22150-0125 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.106111 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 31.80
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert Kraus <hr/> Mailing Address 5375 Duke St Apt 1015 <hr/> City Alexandria State VA Zip Code 22304-3018 <hr/> Purpose of Disbursement Employee Net Pay Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.106000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1487.88
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1691.62

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert Kraus</p> <p>Mailing Address 5375 Duke St Apt 1015</p> <p>City Alexandria State VA Zip Code 22304-3018</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106001 <b>Date of Disbursement</b> 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1487.89</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert Kraus</p> <p>Mailing Address 5375 Duke St Apt 1015</p> <p>City Alexandria State VA Zip Code 22304-3018</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106002 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1487.89</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Meranta</p> <p>Mailing Address 5883 Anthony Dr</p> <p>City Woodbridge State VA Zip Code 22193-3619</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106005 <b>Date of Disbursement</b> 03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 829.94</p> <p>001 Category/ Type</p>

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

3805.72

**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

A.	Full Name (Last, First, Middle Initial) Mark Meranta	Transaction ID: SB21B.106006 Date of Disbursement																			
	Mailing Address 5883 Anthony Dr	<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>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	1	0												
	City Woodbridge State VA Zip Code 22193-3619	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Net Pay	<table border="1"><tr><td>725.85</td></tr></table>	725.85																		
725.85																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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:																				

B.	Full Name (Last, First, Middle Initial) Mark Meranta	Transaction ID: SB21B.106007 Date of Disbursement																			
	Mailing Address 5883 Anthony Dr	<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>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
	City Woodbridge State VA Zip Code 22193-3619	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Net Pay	<table border="1"><tr><td>872.23</td></tr></table>	872.23																		
872.23																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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:																				

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.106008 Date of Disbursement																			
	Mailing Address 890 Mountain Ave	<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>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
	City New Providence State NJ Zip Code 07974-0000	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee	<table border="1"><tr><td>840.19</td></tr></table>	840.19																		
840.19																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2438.27</td></tr></table>	2438.27
2438.27		
<b>TOTAL</b> 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)

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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

<p><b>A.</b> Full Name (Last, First, Middle Initial) PAETEC - US LEC Corp.</p> <p>Mailing Address PO Box 1317</p> <p>City Buffalo State NY Zip Code 14240-1317</p> <p>Purpose of Disbursement Phone and Data Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106009 <b>Date of Disbursement</b> 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1180.29</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PayPal Merchant Services</p> <p>Mailing Address 2211 N. First St.</p> <p>City San Jose State CA Zip Code 95131-0000</p> <p>Purpose of Disbursement EOM Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106010 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1519.70</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Pickens</p> <p>Mailing Address 835 West Warner Rd #101-617</p> <p>City Gilbert State AZ Zip Code 85233-7269</p> <p>Purpose of Disbursement Ballot Access Petitioner expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106011 <b>Date of Disbursement</b> 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1046.00</p> <p>001 Category/ Type</p>

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

3745.99

**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) Mark Pickens <hr/> Mailing Address 835 West Warner Rd #101-617 <hr/> City Gilbert State AZ Zip Code 85233-7269 <hr/> Purpose of Disbursement Ballot Access Petitioner expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.106012 Date of Disbursement 03 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 1180.00
B.	Full Name (Last, First, Middle Initial) Mark Pickens <hr/> Mailing Address 835 West Warner Rd #101-617 <hr/> City Gilbert State AZ Zip Code 85233-7269 <hr/> Purpose of Disbursement Ballot Access Petitioner expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.106013 Date of Disbursement 03 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 192.00
C.	Full Name (Last, First, Middle Initial) PNC - Riggs Bank <hr/> Mailing Address 2600 Virginia Ave NW <hr/> City Washington State DC Zip Code 20037 <hr/> Purpose of Disbursement Bank Service Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.106014 Date of Disbursement 03 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 63.38

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

1435.38

**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.	Full Name (Last, First, Middle Initial) PNC Master Card <hr/> Mailing Address PO Box 790350 <hr/> City St. Louis State MO Zip Code 63179-0350 <hr/> Purpose of Disbursement MC Payment (See Attached Memos) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.106015 Date of Disbursement 03 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 17571.69 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) Capitol Promotions, Inc. <hr/> Mailing Address PO box 231 249 N. Kenswick Ave <hr/> City Glenside State PA Zip Code 19038-0000 <hr/> Purpose of Disbursement Non Candidate Party Printing Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.106015.2 Date of Disbursement 03 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 6197.45 <hr/> Category/Type 003 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Chevron Oil, Inc. <hr/> Mailing Address 6001 Bollinger Canyon Road <hr/> City San Ramon State CA Zip Code 94583-0000 <hr/> Purpose of Disbursement Staff Moving Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.106015.5 Date of Disbursement 03 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 149.97 <hr/> Category/Type 002 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17571.69
<b>TOTAL</b> 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) Dell Computer	Transaction ID: SB21B.106015.8
	Mailing Address One Dell Way	Date of Disbursement 03 / 25 / 2010
	City Round Rock State TX Zip Code 78682-0000	Amount of Each Disbursement this Period 825.75
	Purpose of Disbursement Computer Purchase 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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) ID Superstore	Transaction ID: SB21B.106015.15
	Mailing Address 250 H Street #510	Date of Disbursement 03 / 25 / 2010
	City Blaine State WA Zip Code 98230-0000	Amount of Each Disbursement this Period 1623.60
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Lyris Tech - Sparklist	Transaction ID: SB21B.106015.17
	Mailing Address PO Box 49023	Date of Disbursement 03 / 25 / 2010
	City San Jose State CA Zip Code 95161-9023	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Email Marketing Service 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) ▼

[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)

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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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rackspace US Inc.</p> <p>Mailing Address 9725 Datapoint Dr. #100</p> <p>City San Antonio State TX Zip Code 78229-0000</p> <p>Purpose of Disbursement Website Hosting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106015.20</p> <p>Date of Disbursement</p> <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>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">649.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0	649.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	5		2	0	1	0													
649.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Raddison Holiday Inn N. Austin</p> <p>Mailing Address 6000 Middle Fiskville Rd</p> <p>City Austin State TX Zip Code 78752-0000</p> <p>Purpose of Disbursement Staff Travel-Food and Hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106015.21</p> <p>Date of Disbursement</p> <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>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1978.53</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0	1978.53
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	5		2	0	1	0													
1978.53																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) ThePlanet.com</p> <p>Mailing Address 1333 N. Stemmons Fwy #110</p> <p>City Dallas State TX Zip Code 75207-3724</p> <p>Purpose of Disbursement Email Server Hosting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106015.27</p> <p>Date of Disbursement</p> <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>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">574.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0	574.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	5		2	0	1	0													
574.00																						

**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)

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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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Thrifty Automotive Group, Inc.</p> <p>Mailing Address 5330 East 31st Street</p> <p>City Tulsa State OK Zip Code 74135-0000</p> <p>Purpose of Disbursement Staff Travel - Auto</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106015.28 <b>Date of Disbursement</b> 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 436.92</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) U-Haul International - AMERCO, Inc.</p> <p>Mailing Address 2727 North Central Ave.</p> <p>City Phoenix State AZ Zip Code 85004-0000</p> <p>Purpose of Disbursement Staff Moving Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106015.29 <b>Date of Disbursement</b> 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1009.08</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) USAirways</p> <p>Mailing Address 2345 Crystal Dr</p> <p>City Arlington State VA Zip Code 22227-0000</p> <p>Purpose of Disbursement Staff Travel - Air</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106015.30 <b>Date of Disbursement</b> 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 60.00</p> <p><b>[MEMO ITEM]</b></p>

**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.	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address US Post Office Watergate 2500 virginia Ave NW  City Washington State DC Zip Code 20037-0000  Purpose of Disbursement Business Reply Mail 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) ▼	Transaction ID: SB21B.106060 Date of Disbursement 03 / 25 / 2010	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) QuickBooks Payroll Service  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.106061 Date of Disbursement 03 / 02 / 2010	Amount of Each Disbursement this Period 103.90
C.	Full Name (Last, First, Middle Initial) QuickBooks Payroll Service  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.106062 Date of Disbursement 03 / 16 / 2010	Amount of Each Disbursement this Period 20.36

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

624.26

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

<b>A.</b>	Full Name (Last, First, Middle Initial) QuickBooks Payroll Service  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.106063 Date of Disbursement 03 / 30 / 2010  Amount of Each Disbursement this Period 20.36  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Gary Sinawski  Mailing Address 180 Montage St. 25th Floor  City Brooklyn State NY Zip Code 11201-3623  Purpose of Disbursement LP Legal Expenses 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.106064 Date of Disbursement 03 / 08 / 2010  Amount of Each Disbursement this Period 3000.00  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Sinawski  Mailing Address 180 Montage St. 25th Floor  City Brooklyn State NY Zip Code 11201-3623  Purpose of Disbursement LP Legal Expenses 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.106065 Date of Disbursement 03 / 16 / 2010  Amount of Each Disbursement this Period 455.00  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3475.36
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) UnitedHealth Mamsi-(WFG)</p> <p>Mailing Address Dept. CH-10151</p> <p>City Palatine State IL Zip Code 60055-0151</p> <p>Purpose of Disbursement Employee Health and Dental Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106070 <b>Date of Disbursement</b> 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 751.28</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation</p> <p>Mailing Address PO Box 26644</p> <p>City Richmond State VA Zip Code 23261-6644</p> <p>Purpose of Disbursement VA - Withholding</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106071 <b>Date of Disbursement</b> 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 246.00</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation</p> <p>Mailing Address PO Box 26644</p> <p>City Richmond State VA Zip Code 23261-6644</p> <p>Purpose of Disbursement VA - Withholding</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.106072 <b>Date of Disbursement</b> 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 237.00</p> <p>001 Category/ Type</p>

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

1234.28

**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)

PAGE 119 / 124

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation Mailing Address PO Box 26644 City Richmond State VA Zip Code 23261-6644 Purpose of Disbursement VA - Withholding Candidate Name 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.106073 Date of Disbursement 03 / 30 / 2010
	Amount of Each Disbursement this Period 256.00 Category/Type: 001
<b>B.</b> Full Name (Last, First, Middle Initial) Worldwide Express - DHL Mailing Address 1911 North Ft. Myer Dr. Ste 108 City Arlington State VA Zip Code 22209-0000 Purpose of Disbursement UPS Shipping Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.106074 Date of Disbursement 03 / 08 / 2010
	Amount of Each Disbursement this Period 431.24 Category/Type: 001
<b>C.</b> Full Name (Last, First, Middle Initial) Worldwide Express - DHL Mailing Address 1911 North Ft. Myer Dr. Ste 108 City Arlington State VA Zip Code 22209-0000 Purpose of Disbursement UPS Shipping Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.106075 Date of Disbursement 03 / 25 / 2010
	Amount of Each Disbursement this Period 46.00 Category/Type: 001

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

733.24

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

95679.13

**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 120 / 124

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Libertarian Party of Illinois	Transaction ID: SB22.106003 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2010
	Mailing Address Crystal Jurczynski PO Box 6
City Bloomington State IL Zip Code 61702-0006	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement IL Ballot Access Petitioning Exp 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) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Libertarian Party of Illinois	Transaction ID: SB22.106004 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Mailing Address Crystal Jurczynski PO Box 6
City Bloomington State IL Zip Code 61702-0006	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement IL Ballot Access Petitioning Exp 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	20000.00
<b>TOTAL</b> This Period (last page this line number only) .....	20000.00

**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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> B & B Duplicators			Nature of Debt (Purpose): Non Candidate Party Printing Service
Mailing Address 818 18th Street NW LL15			
City Washington	State DC	ZIP Code 20006-0000	

Outstanding Balance Beginning This Period 392.20		<b>Transaction ID: SD10.101981</b>	
Amount Incurred This Period 0.00	Payment This Period 392.20	Outstanding Balance at Close of This Period 0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> B & B Duplicators			Nature of Debt (Purpose): Non Candidate Party Printing Service
Mailing Address 818 18th Street NW LL15			
City Washington	State DC	ZIP Code 20006-0000	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.106153</b>	
Amount Incurred This Period 22.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 22.20	

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

Outstanding Balance Beginning This Period 395.00		<b>Transaction ID: SD10.101980</b>	
Amount Incurred This Period 0.00	Payment This Period 395.00	Outstanding Balance at Close of This Period 0.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	22.20
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> 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

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.106154</b>	
Amount Incurred This Period <input type="text" value="1912.26"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1912.26"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Cabling Concepts			Nature of Debt (Purpose): Telephone System Repair
Mailing Address 485 Adams Ln			
City Severna Park	State MD	ZIP Code 21146-2801	

Outstanding Balance Beginning This Period <input type="text" value="150.00"/>		<b>Transaction ID: SD10.101982</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="150.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Commonwealth Digital Office Solutions			Nature of Debt (Purpose): Copier Maintenance
Mailing Address 21205 Ridgetop Circle			
City Sterling	State VA	ZIP Code 20166-6501	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.106155</b>	
Amount Incurred This Period <input type="text" value="341.39"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="341.39"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2253.65"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor DirectMail.com	Nature of Debt (Purpose): Non Candidate Party Mail- ing Service
Mailing Address 5511 Ketch Road Attn: Beverly Kalbaugh	
City Prince Frederick State MD ZIP Code 20678-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.106156</b>	
Amount Incurred This Period 3531.47	Payment This Period 0.00	Outstanding Balance at Close of This Period 3531.47

<b>B.</b> 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 Springfield State VA ZIP Code 22150-0125	

Outstanding Balance Beginning This Period 31.80	<b>Transaction ID: SD10.101983</b>	
Amount Incurred This Period 0.00	Payment This Period 31.80	Outstanding Balance at Close of This Period 0.00

<b>C.</b> 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 Springfield State VA ZIP Code 22150-0125	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.106157</b>	
Amount Incurred This Period 121.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 121.60

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>3653.07</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> METRO - Washington Metro Area Transit			Nature of Debt (Purpose): Employee Metro Cards
Mailing Address 600 5th Street, NW			
City Washington	State DC	ZIP Code 20001-0000	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.106158</b>	
Amount Incurred This Period 414.95	Payment This Period 0.00	Outstanding Balance at Close of This Period 414.95	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Stigler Printing			Nature of Debt (Purpose): LP News Printing and Postage
Mailing Address Box 549 - 204 S. Broadway			
City Stigler	State OK	ZIP Code 74462-0000	

Outstanding Balance Beginning This Period 1963.17		<b>Transaction ID: SD10.101984</b>	
Amount Incurred This Period 0.00	Payment This Period 1963.17	Outstanding Balance at Close of This Period 0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	414.95
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	6343.87
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	6343.87