

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

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

FOR LINE NUMBER: PAGE 43 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Graboske, Frederick, J., Mr.,

Mailing Address 101 N Van Buren St

City
Rockville

State
MD

Zip Code
20850-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2017

Transaction ID : SA11AI.31282

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grant, Randall, , ,

Mailing Address 7040 Sugar Creek Cir

City
Colorado Springs

State
CO

Zip Code
80911-9693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Parkview Medical Center

Occupation (for Individual)

Training Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2017

Transaction ID : SA11AI.31288

Amount of Each Receipt this Period

30.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gray, James, P., ,

Mailing Address 2531 Crestview Dr

City
Newport Beach

State
CA

Zip Code
92663-5624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Info Requested Best Efforts

Occupation (for Individual)

Info Requested Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2017

Transaction ID : SA11AI.31299

Amount of Each Receipt this Period

35.00

☐ Memo Item
Contribution

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

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

1065.00