

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1444 DUKE STREET ALEXANDRIA VA 22314 Check if different than previously reported. (ACC)

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

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

5. Covering Period 01 / 01 / 2024 through 01 / 31 / 2024

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 Hagopian, Todd, Christopher, ,

Signature of Treasurer Hagopian, Todd, Christopher, , Date 02 / 20 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="270463.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="270463.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="110726.39"/>	<input type="text" value="110726.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="381190.03"/>	<input type="text" value="381190.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="118340.05"/>	<input type="text" value="118340.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="262849.98"/>	<input type="text" value="262849.98"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="9135.53"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36506.44	36506.44
(ii) Unitemized	73765.78	73765.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	110272.22	110272.22
(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)	110272.22	110272.22
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).....	113.82	113.82
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	340.35	340.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	110726.39	110726.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	110726.39	110726.39

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	114355.44	114355.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	114355.44	114355.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	3984.61	3984.61
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	118340.05	118340.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118340.05	118340.05

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	110272.22	110272.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	110272.22	110272.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	114355.44	114355.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	113.82	113.82
38. Net Operating Expenditures (subtract Line 37 from Line 36)	114241.62	114241.62

**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 6 OF 107
	<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, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Azzaro, Chris, , ,			Date of Receipt
Mailing Address 62 Hidden Brook Circle			<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2024"/>
City Morgantown	State WV	Zip Code 26508-0000	Transaction ID : SA11AI.229970
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1254.00"/>
Name of Employer (for Individual) Best Efforts Info Requested		Occupation (for Individual) Best Efforts Info Requested	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1254.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Battaglia, Dale, , ,			Date of Receipt
Mailing Address 330 BERT AVE			<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2024"/>
City TRENTON	State NJ	Zip Code 08629-2612	Transaction ID : SA11AI.230048
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) Burlington County Cerebral Palsy - Git		Occupation (for Individual) Direct Supports Provider	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Baxter, James, J., Mr.,			Date of Receipt
Mailing Address 6678 Pertzborn Rd			<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2024"/>
City Dane	State WI	Zip Code 53529-9784	Transaction ID : SA11AI.230053
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) NA		Occupation (for Individual) Retired Past President National Motori	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2254.00"/>
TOTAL 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 7 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bennett, Anna, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1863 WAZEE ST
APT 1E

City DENVER State CO Zip Code 80202-1248

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

Name of Employer (for Individual) Candid Carnation Enterprises Ltd. Occupation (for Individual) Real Estate Executive Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.75

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.230082

Amount of Each Receipt this Period 365.75

Memo Item Contribution

B. Bergman, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 N WAIOLA AVE

City LA GRANGE PARK State IL Zip Code 60526-1823

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

Name of Employer (for Individual) Best Efforts Info Requested Occupation (for Individual) Best Efforts Info Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.13

Date of Receipt 01 / 18 / 2024
Transaction ID : SA11AI.230098

Amount of Each Receipt this Period 235.13

Memo Item Contribution

C. Best Efforts_20240131, Best Efforts, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City Washington State DC Zip Code 20012

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

Name of Employer (for Individual) Best Efforts Info Requested Occupation (for Individual) Best Efforts Info Requested

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 03 / 2024
Transaction ID : SA11AI.233323

Amount of Each Receipt this Period 250.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	850.88
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 8 OF 107
Use separate schedule(s) for each category of the Detailed Summary Page
[X] 11a 11b 11c 12
13 14 15 16 17

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

A. Brooksbank, Russell, P, Mr,
Mailing Address 320 CLYDE AVE
City CLARKSVILLE State IN Zip Code 47129-2840
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Barton Malow Occupation (for Individual) Driver
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 470.25

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.230250
Amount of Each Receipt this Period 470.25
Memo Item
Contribution

B. Byrd, Charles, Ray, ,
Mailing Address 130 Angle Ln
City Modesto State CA Zip Code 95354-3801
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Allied Universal Security Systems Occupation (for Individual) Security Guard
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 255.00

Date of Receipt 01 / 25 / 2024
Transaction ID : SA11AI.230326
Amount of Each Receipt this Period 250.00
Memo Item
Contribution

C. Carman, Justin, N, ,
Mailing Address 169 NILES RD
City OAK HILL State NY Zip Code 12460-2007
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) N/a Occupation (for Individual) N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 470.25

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.230370
Amount of Each Receipt this Period 470.25
Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional) 1190.50
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 9 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Carter, Todd, , ,			Date of Receipt MM / DD / YYYY 01 / 23 / 2024 Transaction ID : SA11AI.230389
Mailing Address 371 BELMONT CT			Amount of Each Receipt this Period 250.00
City LEBANON	State OH	Zip Code 45036-8517	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Encore Technologies		Occupation (for Individual) Contact Center (CX) Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Carter, Todd, , ,			Date of Receipt MM / DD / YYYY 01 / 24 / 2024 Transaction ID : SA11AI.230390
Mailing Address 371 BELMONT CT			Amount of Each Receipt this Period 61.14
City LEBANON	State OH	Zip Code 45036-8517	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Encore Technologies		Occupation (for Individual) Contact Center (CX) Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 311.14	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Churchill, Robert, P, ,			Date of Receipt MM / DD / YYYY 01 / 20 / 2024 Transaction ID : SA11AI.230434
Mailing Address 8121 CHAMPIONS CIR			Amount of Each Receipt this Period 235.13
City CHAMPIONS GT	State FL	Zip Code 33896-9623	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Best Efforts Info Requested		Occupation (for Individual) engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 235.13	

SUBTOTAL of Receipts This Page (optional).....▶	546.27
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 107
(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. Ciesielski, Nick, , ,

Mailing Address 541 Edgeview Rd

City Lower Burrell State PA Zip Code 15068-2210

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

Name of Employer (for Individual) Best Efforts Info Requested Occupation (for Individual) Best Efforts Info Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.25

Date of Receipt
MM / DD / YYYY
01 / 16 / 2024
Transaction ID : SA11AI.230437

Amount of Each Receipt this Period
261.25

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Clark, David, J., Mr.,

Mailing Address 7 Grant Ave

City Enfield State CT Zip Code 06082-3611

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

Name of Employer (for Individual) Argo Group US Occupation (for Individual) Insurance Claims Adjuster

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
515.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2024
Transaction ID : SA11AI.230447

Amount of Each Receipt this Period
515.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Coelho, Mykal, , ,

Mailing Address 4545 BRICELAND THORNE RD

City REDWAY State CA Zip Code 95560-9791

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Farmer

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
219.65

Date of Receipt
MM / DD / YYYY
01 / 13 / 2024
Transaction ID : SA11AI.230471

Amount of Each Receipt this Period
110.01

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 886.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Collins, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 stream court
 City Farmington State CT Zip Code 06032-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Best Efforts Info Requested Best Efforts Info Requested
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 470.25

Date of Receipt
 01 / 18 / 2024
Transaction ID : SA11AI.230487
 Amount of Each Receipt this Period
 470.25
 Memo Item
 Contribution

B. Cook, Curtis, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16520 LARCH WAY
 UNIT F206
 City LYNNWOOD State WA Zip Code 98037-8118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 DXC Technology Technician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 01 / 2024
Transaction ID : SA11AI.230508
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Contribution

C. Costanzo, Anthony, , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 RUNNING DEER TRL
 City PITTSBORO State NJ Zip Code 08318-4185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Commercial Trailer Service, Inc. Owner
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 257.50

Date of Receipt
 01 / 29 / 2024
Transaction ID : SA11AI.230526
 Amount of Each Receipt this Period
 257.50
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	977.75
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 12 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cunningham, Warren, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 SOUTH LAKE DR
 City SAVANNAH State GA Zip Code 31410-1728
 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 ▼ 248.13

Date of Receipt 01 / 31 / 2024
Transaction ID : SA11AI.230563
 Amount of Each Receipt this Period 235.13
 Memo Item
 Contribution

B. Dinielli, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1945
 City MORRO BAY State CA Zip Code 93443-1945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Envoy Mortgage Occupation (for Individual) Loan Originator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2024
Transaction ID : SA11AI.230670
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

C. Downing, John, Edward, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 985 MATLOCK RD
 City BOWLING GREEN State KY Zip Code 42104-7408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Med Center Health Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 18 / 2024
Transaction ID : SA11AI.230685
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1735.13
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 13 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Elliott, Brady, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15640 SW 77TH AVE
 City PALMETTO BAY State FL Zip Code 33157-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 11 / 2024
Transaction ID : SA11AI.230749
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Contribution

B. Fernandes, Fred, Dan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 STRATFORD WAY
 City LA VERNE State CA Zip Code 91750-5143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Raytheon/ Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 11 / 2024
Transaction ID : SA11AI.230815
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Contribution

C. Fitch, James, B, Mr., Sr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5095 JENNIFER DR
 City SYRACUSE State NY Zip Code 13212-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crouse Health Occupation (for Individual) Nutrition (Food) Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 470.25

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.230833
 Amount of Each Receipt this Period 470.25
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2470.25
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 14 OF 107
(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	<input type="checkbox"/> 17

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

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

A. Fochler, Edward, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2286 HOWLAND DR
 City FOREST HILL State MD Zip Code 21050-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DCS Corp. Occupation (for Individual) IT sys admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt 01 / 29 / 2024
Transaction ID : SA11AI.230843
 Amount of Each Receipt this Period 627.00
 Memo Item
 Contribution

B. Giffen, Donald, Walter, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4315 W HIGHWAY 42
 City GOSHEN State KY Zip Code 40026-8773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Info Requested Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2024
Transaction ID : SA11AI.230981
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

C. Green, Joseph, Michael, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 SULLINS WAY
 City Houston State TX Zip Code 77058-2249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston ISD Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2024
Transaction ID : SA11AI.231057
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1377.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Griffis, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 DEARBORN PARK RD # 618
 City PESCADERO State CA Zip Code 94060-9705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.231068
 Amount of Each Receipt this Period 627.00
 Memo Item
 Contribution

B. Gross, Cheney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 W PATTERSON AVE APT G
 City COLUMBUS State OH Zip Code 43202-2836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPS Occupation (for Individual) Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2024
Transaction ID : SA11AI.231080
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

C. Grylewicz, Ben, Edwin, MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2309 NE 7TH AVE
 City Portland State OR Zip Code 97212-3814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 06 / 2024
Transaction ID : SA11AI.231088
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1127.00
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 16 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Hanweck, Gerald, A, , Jr

Mailing Address **PO BOX 164**

City CALLICOON CTR	State NY	Zip Code 12724-0164
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Economist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **257.50**

Date of Receipt
01 / 19 / 2024

Transaction ID : SA11AI.231132

Amount of Each Receipt this Period
257.50

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Haseloff, Robert, Henry, , Jr

Mailing Address **4320 LAURIE MICHELLE RD**

City SAN ANTONIO	State TX	Zip Code 78261-1821
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) USAA	Occupation (for Individual) Contract negotiator
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
01 / 01 / 2024

Transaction ID : SA11AI.231165

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Hill, Carter, Lee, ,

Mailing Address **119 GEORGE CT**

City BEAR	State DE	Zip Code 19701-1882
---------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Wawa, Inc.	Occupation (for Individual) Accounting Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **627.00**

Date of Receipt
01 / 01 / 2024

Transaction ID : SA11AI.231248

Amount of Each Receipt this Period
627.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	1134.50
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 17 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Hogarth, Susan, Jane, ,

Mailing Address **5901 PENNY RD**

City RALEIGH	State NC	Zip Code 27606-9044
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Duke University	Occupation (for Individual) Clinical Research Coordinator
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1149.50

Date of Receipt
01 / 30 / 2024

Transaction ID : SA11AI.231266

Amount of Each Receipt this Period
1149.50

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Hoke, Eric, , Mr.,

Mailing Address **PO Box 177**

City Cole Camp	State MO	Zip Code 65325-0177
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Main Street Mutual Insurance	Occupation (for Individual) Independent Insurance Agent
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 11 / 2024

Transaction ID : SA11AI.231270

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Inks, John, M, , Jr

Mailing Address **49 SHOWERS DR APT W314**

City MOUNTAIN VIEW	State CA	Zip Code 94040-1479
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) City of Mountain View	Occupation (for Individual) Councilmember (former)
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
01 / 02 / 2024

Transaction ID : SA11AI.231352

Amount of Each Receipt this Period
2000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3399.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Irvine, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 729 COLLEGE AVE
 City COLUMBUS State OH Zip Code 43209-2308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Media Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.13

Date of Receipt 01 / 06 / 2024
Transaction ID : SA11AI.231353
 Amount of Each Receipt this Period 235.13
 Memo Item
 Contribution

B. Karnap, John, Russell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 SW 16TH ST
 City BOYNTON BEACH State FL Zip Code 33426-5816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Karnap Associates, Inc. Occupation (for Individual) Software Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1545.00

Date of Receipt 01 / 12 / 2024
Transaction ID : SA11AI.231462
 Amount of Each Receipt this Period 1545.00
 Memo Item
 Contribution

C. Kimmel, George, T, Mr, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4671 E HILLCREST DR
 City BERRIEN SPRINGS State MI Zip Code 49103-9582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Self-Employed Nurseryman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2024
Transaction ID : SA11AI.231514
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	2030.13
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Kinsella, Norman, , ,

Mailing Address 3101 AVALON PL

City HOUSTON	State TX	Zip Code 77019-5905
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Attorney
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2024

Transaction ID : SA11AI.231523

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Kivela, Andrew, Wayne, Mr,

Mailing Address 5411 CHANDLEY FARM CT

City CENTREVILLE	State VA	Zip Code 20120-1246
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Welbilt	Occupation (for Individual) Engineer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
386.75

Date of Receipt
MM / DD / YYYY
01 / 14 / 2024

Transaction ID : SA11AI.231529

Amount of Each Receipt this Period
365.75

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Kolisek, Kane, Robert, ,

Mailing Address 208 E 19TH ST

City CRANE	State TX	Zip Code 79731-4402
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Gun Store
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2024

Transaction ID : SA11AI.231562

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	1615.75
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 20 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kondner, David, Wm, Mr, Sr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 999 OSPREY LN
 City FRONT ROYAL State VA Zip Code 22630-8341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1567.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2024
Transaction ID : SA11AI.231566
 Amount of Each Receipt this Period
 1567.50
 Memo Item
 Contribution

B. Kondner, David, Wm, Mr, Sr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 999 OSPREY LN
 City FRONT ROYAL State VA Zip Code 22630-8341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1817.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2024
Transaction ID : SA11AI.231565
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Contribution

C. Loar, Sonja, Barton, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 PAUL ST
 City NEWTON CENTER State MA Zip Code 02459-2451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sonja Loar Consulting, Inc. Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2024
Transaction ID : SA11AI.231741
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2067.50
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 21 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Lyddon, Lili, Gladys, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18696 HIGHWAY 21 W
 City NORTH ZULCH State TX Zip Code 77872-7056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bryan Research & Engineering Occupation (for Individual) Chemical Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 11 / 2024
Transaction ID : SA11AI.231787
 Amount of Each Receipt this Period 150.00
 Memo Item
 Contribution

B. Mathis, Ethan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 DAVIDSON ST B4
 City COLUMBIA State SC Zip Code 29209-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Industries Home Improvements Occupation (for Individual) Market Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.25

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.231866
 Amount of Each Receipt this Period 470.25
 Memo Item
 Contribution

C. Mathis, Ethan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 DAVIDSON ST B4
 City COLUMBIA State SC Zip Code 29209-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Industries Home Improvements Occupation (for Individual) Market Representative
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.25

Date of Receipt 01 / 22 / 2024
Transaction ID : SA11AI.231865
 Amount of Each Receipt this Period 5.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	625.25
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 22 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McQuiddy, Patricia, , ,		Date of Receipt
Mailing Address 175 Virginia Ter		<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2024"/>
City Madison	State WI	Zip Code 53726-5339
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.231933
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Retired		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mergler-Wolff, Janie, , Mrs.,		Date of Receipt
Mailing Address 3055 TIMROD RD		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2024"/>
City BETHUNE	State SC	Zip Code 29009-9446
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.231959
Name of Employer (for Individual) Not The IRS's Business Co.		Amount of Each Receipt this Period <input type="text" value="365.75"/>
Occupation (for Individual) Property Manager and Coordinator		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="365.75"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Merwin, David, Jeffrey, ,		Date of Receipt
Mailing Address 2324 MIDDLESEX RD		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2024"/>
City COLUMBUS	State OH	Zip Code 43220-4649
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.231963
Name of Employer (for Individual) LangMers		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Inventor		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="865.75"/>
TOTAL 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 23 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Morgan, Colin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27730 NE 146th Way
 City Duvall State WA Zip Code 98019-6336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Software Company Occupation (for Individual) Programmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.88

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.232045
 Amount of Each Receipt this Period 25.00
 Memo Item
 Contribution

B. Nielsen, John, Sigurd, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11821 Aberdeen Landing Ter
 City Midlothian State VA Zip Code 23113-1396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THETFORD FINANCIAL SERVICES Occupation (for Individual) FINANCIAL ANALYST / Investment Ad
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2024
Transaction ID : SA11AI.232134
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

C. Pelletier, Justin, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Thayer Rd
 City Fairport State NY Zip Code 14450-9520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester Institute of Technology Occupation (for Individual) Professor of Practice
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 470.25

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.232263
 Amount of Each Receipt this Period 470.25
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	745.25
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 24 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Pinker, Samuel, Irving, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5112 NW 167TH PL

City PORTLAND	State OR	Zip Code 97229-1853
------------------	-------------	------------------------

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

Name of Employer (for Individual) Clear Networks, LLC	Occupation (for Individual) IT Architect
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2024

Transaction ID : SA11AI.232319

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

B. Pittel, Jeffrey, Joseph, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2339 FERNDAL ST

City SYLVAN LAKE	State MI	Zip Code 48320-1617
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Ford Motor Co.	Occupation (for Individual) Engineer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
648.63

Date of Receipt
MM / DD / YYYY
01 / 01 / 2024

Transaction ID : SA11AI.232323

Amount of Each Receipt this Period
627.00

Memo Item
Contribution

C. Porter, Matthew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 219 RED LEAF WAY

City WRIGHT CITY	State MO	Zip Code 63390-3651
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Save-A-Lot	Occupation (for Individual) Quality Assurance
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1030.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2024

Transaction ID : SA11AI.232343

Amount of Each Receipt this Period
1030.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1907.00
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 25 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Purnell, John, H, Mr, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 PARK PL UNIT 408
 City ANNAPOLIS State MD Zip Code 21401-3397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inspired Data Solutions Occupation (for Individual) Owner & IT Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 30 / 2024
Transaction ID : SA11AI.232368
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

B. Pyeatt, Leslie, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 S WASHINGTON ST # 207
 City STILLWATER State OK Zip Code 74074-4539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) City of Stillwater Occupation (for Individual) Project Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 231.08

Date of Receipt 01 / 13 / 2024
Transaction ID : SA11AI.232373
 Amount of Each Receipt this Period 169.28
 Memo Item
 Contribution

C. Riehle, Owen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1841 E Orange Grove Ave
 City Orange State CA Zip Code 92867-7604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTC Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 25 / 2024
Transaction ID : SA11AI.232475
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	669.28
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ritenour, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7216 Buffalo Rd
 City Selma State NC Zip Code 27576-6434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cengage Occupation (for Individual) Technical Content Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.13

Date of Receipt 01 / 02 / 2024
Transaction ID : SA11AI.232481
 Amount of Each Receipt this Period 235.13
 Memo Item
 Contribution

B. Ritz, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W248N7504 Beverly Ln
 City Lisbon State WI Zip Code 53089-5428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cisco Occupation (for Individual) sales specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt 01 / 06 / 2024
Transaction ID : SA11AI.232482
 Amount of Each Receipt this Period 515.00
 Memo Item
 Contribution

C. Ryczek, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 Algonquin Dr
 City Wallingford State CT Zip Code 06492-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colebrook Financial Occupation (for Individual) Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2024
Transaction ID : SA11AI.232572
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1000.13
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Sharples, Hendrik, , ,

Mailing Address 17704 NE 147TH CT

City BRUSH PRAIRIE	State WA	Zip Code 98606-9695
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) appraiser
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2024

Transaction ID : SA11AI.232702

Amount of Each Receipt this Period
206.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Sipma, Dale, Martin, Mr,

Mailing Address 5127 COLLETT AVE

City ENCINO	State CA	Zip Code 91436-1420
----------------	-------------	------------------------

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 ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2024

Transaction ID : SA11AI.232751

Amount of Each Receipt this Period
1500.00

Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Smith, Bruce, P., Mr.,

Mailing Address 616 SW 3rd St

City Topeka	State KS	Zip Code 66603-3040
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hallmark Cards	Occupation (for Individual) Production
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2024

Transaction ID : SA11AI.232769

Amount of Each Receipt this Period
400.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	2106.00
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 28 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Strachan, Craig, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2064 CALLE SALTO
 City THOUSAND OAKS State CA Zip Code 91360-2230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gloamin Holdings LLC Occupation (for Individual) Real estate investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.232886
 Amount of Each Receipt this Period 627.00
 Memo Item
 Contribution

B. Tasende, Jose, M., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 818 Prospect St
 City La Jolla State CA Zip Code 92037-4206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Art Dealer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2024
Transaction ID : SA11AI.232927
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

C. Tatum, Zach, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2381 YESTER OAKS DR
 City GERMANTOWN State TN Zip Code 38139-6419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Private Occupation (for Individual) Business
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 470.25

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.232929
 Amount of Each Receipt this Period 470.25
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1347.25
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 29 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Treleven, Shane, , ,		Date of Receipt
Mailing Address 5702 Bayou Glen Rs		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2024"/>
City Houston	State TX	Zip Code 77057-1402
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.232991
Name of Employer (for Individual) Cantor Fitzgerald		Occupation (for Individual) Broker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="515.00"/>	Amount of Each Receipt this Period <input type="text" value="515.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Twitter		Date of Receipt
Mailing Address 1355 Market St Suite 900		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2024"/>
City SAN FRANCISCO	State CA	Zip Code 94103-0000
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.233320
Name of Employer (for Individual) N/A		Occupation (for Individual) N/A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="241.67"/>	Amount of Each Receipt this Period <input type="text" value="144.61"/>
		<input type="checkbox"/> Memo Item Vendor Offset

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Vadney, Sean, Connor, ,		Date of Receipt
Mailing Address 8754 WILDROSE CT		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2024"/>
City HGHLNDS RANCH	State CO	Zip Code 80126-2149
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.233039
Name of Employer (for Individual) Country Club At Castle Pines		Occupation (for Individual) Server
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="627.00"/>	Amount of Each Receipt this Period <input type="text" value="627.00"/>
		<input type="checkbox"/> Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1286.61"/>
TOTAL 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 30 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Vanvliet, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3225 MARION SQ
 City Harrisonburg State VA Zip Code 22801-3785
 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 ▼ 515.00

Date of Receipt 01 / 03 / 2024
Transaction ID : SA11AI.233057
 Amount of Each Receipt this Period 515.00
 Memo Item
 Contribution

B. Veldhuyzen, Albert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Holly Corner Road
 City Fredericksburg State VA Zip Code 22406-6236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Info Requested Occupation (for Individual) Best Efforts Info Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 522.50

Date of Receipt 01 / 12 / 2024
Transaction ID : SA11AI.233067
 Amount of Each Receipt this Period 522.50
 Memo Item
 Contribution

C. Watercott, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4302 KING ARTHUR PL
 City GREENSBORO State NC Zip Code 27405-6324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Truck Driver Occupation (for Individual) Bp express
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt 01 / 01 / 2024
Transaction ID : SA11AI.233121
 Amount of Each Receipt this Period 627.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1664.50
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 OF 107
(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, INC.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yeniscavich, William, Walter, ,

Mailing Address 4440 W BOPP RD

City TUCSON	State AZ	Zip Code 85746-9360
----------------	-------------	------------------------

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 ▼
627.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2024

Transaction ID : SA11AI.233271

Amount of Each Receipt this Period
627.00

Memo Item
Contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	627.00
TOTAL This Period (last page this line number only).....▶	36506.44

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. A & D Cleaning Service, LLC

Mailing Address 2878 Ft. Scott Dr. #101

City
Arlington

State
VA

Zip Code
22202-2347

Purpose of Disbursement

Monthly cleaning bill

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23342

Amount of Each Disbursement this Period

330.00

Memo Item

Full Name (Last, First, Middle Initial)

B. A & D Cleaning Service, LLC

Mailing Address 2878 Ft. Scott Dr. #101

City
Arlington

State
VA

Zip Code
22202-2347

Purpose of Disbursement

Monthly cleaning bill

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23342

Amount of Each Disbursement this Period

400.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Adobe Inc.

Mailing Address 345 Park Ave

City
San Jose

State
CA

Zip Code
95110-2704

Purpose of Disbursement

Software, Hardware & Other IT

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23338

Amount of Each Disbursement this Period

19.99

Memo Item

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

730.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233383

See BB&T Visa

Form/Schedule:

Transaction ID:

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

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

Form A: All In One Accounting. Includes fields for Full Name, Mailing Address (1715 Yankee Doodle Rd Ste 305), City (Eagan), State (MN), Zip Code (55121-1697), Purpose of Disbursement (Accounting Services), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/11/2024), FEC Identification Number (C), Transaction ID (SB21B.23355), Amount of Each Disbursement (1415.25), and Memo Item checkbox.

Form B: All In One Accounting. Includes fields for Full Name, Mailing Address (1715 Yankee Doodle Rd Ste 305), City (Eagan), State (MN), Zip Code (55121-1697), Purpose of Disbursement (Accounting Services), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/26/2024), FEC Identification Number (C), Transaction ID (SB21B.23342), Amount of Each Disbursement (4278.90), and Memo Item checkbox.

Form C: Amazon. Includes fields for Full Name, Mailing Address (1200 12th Avenue South #1200), City (Seattle), State (WA), Zip Code (98144-2734), Purpose of Disbursement (Software, Hardware & Other IT), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/01/2024), FEC Identification Number (C), Transaction ID (SB21B.23338), Amount of Each Disbursement (525.00), and Memo Item checkbox (checked).

SUBTOTAL of Disbursements This Page (optional) 5694.15
TOTAL This Period (last page this line number only)

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233386

See BB&T Visa

Form/Schedule:

Transaction ID:

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: Amazon. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form B: Amazon. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form C: Amazon. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233387

See BB&T Visa

Form/Schedule: SB21B

Transaction ID: SB21B.233384

See BB&T Visa

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233385

See BB&T Visa

Form/Schedule:

Transaction ID:

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: Astra. Includes fields for Full Name, Mailing Address (1900 Skyhawk Street, Alameda, CA), Purpose of Disbursement (Software, Hardware & Other IT), and Disbursement Amount (47.20).

Form B: AT&T. Includes fields for Full Name, Mailing Address (208 S Akard St, Suite 2954, Dallas, TX), Purpose of Disbursement (Telephone & Data Services), and Disbursement Amount (196.26).

Form C: Bastiat Creative LLC. Includes fields for Full Name, Mailing Address (PO Box 660121, Austin, TX), Purpose of Disbursement (Copywriting), and Disbursement Amount (1425.00).

SUBTOTAL of Disbursements This Page (optional) 1425.00
TOTAL This Period (last page this line number only)

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233389

See BB&T Visa

Form/Schedule: SB21B

Transaction ID: SB21B.233390

See BB&T Visa

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: Bastiat Creative LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Copywriting), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/23/2024), FEC Identification Number, Transaction ID (SB21B.23356), and Amount of Each Disbursement (500.00).

Form B: BB&T Truist Visa. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Credit Card Payment), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/26/2024), FEC Identification Number, Transaction ID (SB21B.23343), and Amount of Each Disbursement (9512.51).

Form C: BB&T Visa. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Credit Card Fees Expense), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/16/2024), FEC Identification Number, Transaction ID (SB21B.23344), and Amount of Each Disbursement (19.99).

SUBTOTAL of Disbursements This Page (optional) 10012.51
TOTAL This Period (last page this line number only)

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233408

See BB&T Visa

Form/Schedule:

Transaction ID:

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. BB&T Visa

Mailing Address P.O. BOX 580340

City
Charlotte

State
NC

Zip Code
28258-0340

Purpose of Disbursement
Credit Card Fees Expense

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23341

Amount of Each Disbursement this Period

[REDACTED] 76.19

Memo Item

Full Name (Last, First, Middle Initial)

B. Bittan

Mailing Address 1120 112th Ave NE
#300

City
Bellevue

State
WA

Zip Code
98004-0000

Purpose of Disbursement
Software, Hardware & Other IT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23339

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Buchovich, Andrew, , ,

Mailing Address 12594 W Dakota Ave Apt 7-201

City
Lakewood

State
CO

Zip Code
80228-2535

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23335

Amount of Each Disbursement this Period

[REDACTED] 1512.46

Memo Item

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

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

[REDACTED] 1512.46

[REDACTED]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233411

See BB&T Visa

Form/Schedule: SB21B

Transaction ID: SB21B.233392

See BB&T Visa

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Buchovich, Andrew, , ,

Mailing Address 12594 W Dakota Ave Apt 7-201

City
Lakewood

State
CO

Zip Code
80228-2535

Purpose of Disbursement

Employee Net Pay

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23335

Amount of Each Disbursement this Period

1512.46

Memo Item

Full Name (Last, First, Middle Initial)

B. Buffer Plan

Mailing Address 2243 Fillmore St

City
San Francisco

State
CA

Zip Code
94115-0000

Purpose of Disbursement

Outreach

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23339

Amount of Each Disbursement this Period

60.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Butts, Matthew, Ryan, Mr,

Mailing Address 1848 EL REY ST

City
ROSAMOND

State
CA

Zip Code
93560-7559

Purpose of Disbursement

Employee Net Pay

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23335

Amount of Each Disbursement this Period

1090.58

Memo Item

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

2603.04

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233393

See BB&T Visa

Form/Schedule:

Transaction ID:

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Butts, Matthew, Ryan, Mr,

Mailing Address 1848 EL REY ST

City
ROSAMOND

State
CA

Zip Code
93560-7559

Purpose of Disbursement

Employee Net Pay

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23335

Amount of Each Disbursement this Period

1090.58

Memo Item

Full Name (Last, First, Middle Initial)

B. CareFirst BlueChoice, Inc.

Mailing Address PO Box 79749

City
Baltimore

State
MD

Zip Code
21279-0749

Purpose of Disbursement

Health Insurance

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23343

Amount of Each Disbursement this Period

1607.95

Memo Item

Full Name (Last, First, Middle Initial)

C. Comcast

Mailing Address PO Box 37601

City
Philadelphia

State
PA

Zip Code
19101-0601

Purpose of Disbursement

Telephone & Data Services

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23335

Amount of Each Disbursement this Period

138.21

Memo Item

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

2698.53

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233394

See BB&T Visa

Form/Schedule:

Transaction ID:

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Comcast

Mailing Address PO Box 37601

City Philadelphia

State PA

Zip Code 19101-0601

Purpose of Disbursement
Telephone & Data Services

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.23343

Amount of Each Disbursement this Period

241.02

Memo Item

Full Name (Last, First, Middle Initial)

B. Core Spaces

Mailing Address 1643 N Milwaukee Ave

City Chicago

State IL

Zip Code 60647-0000

Purpose of Disbursement
Software, Hardware & Other IT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.23339

Amount of Each Disbursement this Period

451.14

Memo Item

Full Name (Last, First, Middle Initial)

C. Cornerstone Solutions Inc

Mailing Address PO Box 270514

City Houston

State TX

Zip Code 77277-0514

Purpose of Disbursement
Software, Hardware & Other IT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.23343

Amount of Each Disbursement this Period

1950.00

Memo Item

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

2191.02

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233395

See BB&T Visa

Form/Schedule:

Transaction ID:

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)

Grid for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: CPAC FOUNDATION. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form B: Digitalocean. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form C: Edwards, Paula, , . Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only) summary rows.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233397

See BB&T Visa

Form/Schedule: SB21B

Transaction ID: SB21B.233398

See BB&T Visa

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: Edwards, Paula, , ,
Mailing Address P.O. Box 55456
City Washington State DC Zip Code 20006-5456
Purpose of Disbursement FEC reporting
Candidate Name
Office Sought: House
Disbursement For: Primary
Amount of Each Disbursement this Period 2000.00

Form B: Extra Space
Mailing Address 2795 E Cottonwood Pkwy Suite 400
City Cottonwood Heights State UT Zip Code 84121-0000
Purpose of Disbursement Historica Preservation
Candidate Name
Office Sought: House
Disbursement For: Primary
Amount of Each Disbursement this Period 345.00

Form C: Financial Agent Federal Tax Deposit
Mailing Address PO Box 970030
City St. Louis State MO Zip Code 63197-0030
Purpose of Disbursement Federal Withholding
Candidate Name
Office Sought: House
Disbursement For: Primary
Amount of Each Disbursement this Period 1300.91

SUBTOTAL of Disbursements This Page (optional) 3300.91
TOTAL This Period (last page this line number only)

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233399

See BB&T Visa

Form/Schedule:

Transaction ID:

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

Mailing Address PO Box 970030

City St. Louis	State MO	Zip Code 63197-0030
-------------------	-------------	------------------------

FEC Identification Number

C

Transaction ID : SB21B.23352
Amount of Each Disbursement this Period

223.05

Memo Item

Purpose of Disbursement

Medicare Company

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

Mailing Address PO Box 970030

City St. Louis	State MO	Zip Code 63197-0030
-------------------	-------------	------------------------

FEC Identification Number

C

Transaction ID : SB21B.23352
Amount of Each Disbursement this Period

223.05

Memo Item

Purpose of Disbursement

Medicare Employee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

Mailing Address PO Box 970030

City St. Louis	State MO	Zip Code 63197-0030
-------------------	-------------	------------------------

FEC Identification Number

C

Transaction ID : SB21B.23352
Amount of Each Disbursement this Period

953.70

Memo Item

Purpose of Disbursement

Social Security Company

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

1399.80

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b

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

Form A: Financial Agent Federal Tax Deposit. Includes fields for Full Name, Date of Disbursement (01/05/2024), Mailing Address, City, State, Zip Code, Purpose of Disbursement (Social Security Employee), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (953.70).

Form B: Financial Agent Federal Tax Deposit. Includes fields for Full Name, Date of Disbursement (01/19/2024), Mailing Address, City, State, Zip Code, Purpose of Disbursement (Federal Unemployment), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (92.01).

Form C: Financial Agent Federal Tax Deposit. Includes fields for Full Name, Date of Disbursement (01/19/2024), Mailing Address, City, State, Zip Code, Purpose of Disbursement (Federal Withholding), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (1296.52).

SUBTOTAL of Disbursements This Page (optional) 2342.23
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	4

Mailing Address PO Box 970030

City St. Louis	State MO	Zip Code 63197-0030
-------------------	-------------	------------------------

FEC Identification Number

C

Transaction ID : SB21B.23353

Amount of Each Disbursement this Period

222.35

Purpose of Disbursement
Medicare Company

Category/Type

Candidate Name

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	4

Mailing Address PO Box 970030

City St. Louis	State MO	Zip Code 63197-0030
-------------------	-------------	------------------------

FEC Identification Number

C

Transaction ID : SB21B.23354

Amount of Each Disbursement this Period

222.34

Purpose of Disbursement
Medicare Employee

Category/Type

Candidate Name

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	4

Mailing Address PO Box 970030

City St. Louis	State MO	Zip Code 63197-0030
-------------------	-------------	------------------------

FEC Identification Number

C

Transaction ID : SB21B.23354

Amount of Each Disbursement this Period

950.70

Purpose of Disbursement
Social Security Company

Category/Type

Candidate Name

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District:

Memo Item

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

1395.39

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	4

Mailing Address PO Box 970030

City
St. Louis

State
MO

Zip Code
63197-0030

FEC Identification Number

C []

Transaction ID : SB21B.23354

Amount of Each Disbursement this Period

[] 950.70

Memo Item

Purpose of Disbursement

Social Security Employee

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. FreedomFest, Inc

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

Mailing Address PO Box 1153

City
Riverton

State
UT

Zip Code
84065-1153

FEC Identification Number

C []

Transaction ID : SB21B.23344

Amount of Each Disbursement this Period

[] 12000.00

Memo Item

Purpose of Disbursement

Outreach

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Gargon, Canyon, Lee, ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

Mailing Address 184 ADAMS DR

City
SALIX

State
PA

Zip Code
15952-9401

FEC Identification Number

C []

Transaction ID : SB21B.23335

Amount of Each Disbursement this Period

[] 2383.96

Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

[] 15334.66

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

[]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Gargon, Canyon, Lee, ,

Mailing Address 184 ADAMS DR

City SALIX

State PA

Zip Code 15952-9401

Purpose of Disbursement

Employee Net Pay

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date of Disbursement: 01 / 19 / 2024

FEC Identification Number

C

Transaction ID : SB21B.23335

Amount of Each Disbursement this Period

2383.97

Memo Item

Full Name (Last, First, Middle Initial)

B. GoDaddy.com

Mailing Address 2155 E. GoDaddy Way

City Tempe

State AZ

Zip Code 85284-0000

Purpose of Disbursement

Software, Hardware & Other IT

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date of Disbursement: 01 / 05 / 2024

FEC Identification Number

C

Transaction ID : SB21B.23340

Amount of Each Disbursement this Period

45.34

Memo Item

Full Name (Last, First, Middle Initial)

C. GoDaddy.com

Mailing Address 2155 E. GoDaddy Way

City Tempe

State AZ

Zip Code 85284-0000

Purpose of Disbursement

Software, Hardware & Other IT

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date of Disbursement: 01 / 23 / 2024

FEC Identification Number

C

Transaction ID : SB21B.23341

Amount of Each Disbursement this Period

22.17

Memo Item

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

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

2383.97

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233402

See BB&T Visa

Form/Schedule: SB21B

Transaction ID: SB21B.233401

See BB&T Visa

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. GoDaddy.com

Mailing Address 2155 E. GoDaddy Way

City
Tempe

State
AZ

Zip Code
85284-0000

Purpose of Disbursement
Software, Hardware & Other IT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23340

Amount of Each Disbursement this Period

23.17

Memo Item

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain View

State
CO

Zip Code
94043-0000

Purpose of Disbursement
Software, Hardware & Other IT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23340

Amount of Each Disbursement this Period

1113.09

Memo Item

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain View

State
CO

Zip Code
94043-0000

Purpose of Disbursement
Software, Hardware & Other IT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23340

Amount of Each Disbursement this Period

522.00

Memo Item

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

0.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233400

See BB&T Visa

Form/Schedule: SB21B

Transaction ID: SB21B.233403

See BB&T Visa

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233404

See BB&T Visa

Form/Schedule:

Transaction ID:

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Hall, Oliver, , ,

Mailing Address 1835 16th St NW #5

City
Washington

State
DC

Zip Code
20009-0000

Purpose of Disbursement

Legal Retainer

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23355

Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hall, Oliver, , ,

Mailing Address 1835 16th St NW #5

City
Washington

State
DC

Zip Code
20009-0000

Purpose of Disbursement

Contractor

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23338

Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hreha, Andrew, Michael, ,

Mailing Address 1814 ACHESON AVE

City
NORTH APOLLO

State
PA

Zip Code
15673-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23335

Amount of Each Disbursement this Period

1228.31

Memo Item

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

10228.31

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Hreha, Andrew, Michael, ,		Date of Disbursement MM / DD / YYYY 01 / 19 / 2024	
Mailing Address 1814 ACHESON AVE		FEC Identification Number C	
City NORTH APOLLO	State PA	Zip Code 15673-0000	Transaction ID : SB21B.23336
Purpose of Disbursement Employee Net Pay		Category/ Type	Amount of Each Disbursement this Period 1253.51
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Hudson, Matthew, , ,		Date of Disbursement MM / DD / YYYY 01 / 05 / 2024	
Mailing Address 120 ASH ST		FEC Identification Number C	
City GARDNER	State MA	Zip Code 01440-2130	Transaction ID : SB21B.23336
Purpose of Disbursement Web and IT Consulting		Category/ Type	Amount of Each Disbursement this Period 1999.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Hudson, Matthew, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2024	
Mailing Address 120 ASH ST		FEC Identification Number C	
City GARDNER	State MA	Zip Code 01440-2130	Transaction ID : SB21B.23336
Purpose of Disbursement Web and IT Consulting		Category/ Type	Amount of Each Disbursement this Period 1800.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	5052.51
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Hudson, Matthew, , ,

Mailing Address 120 ASH ST

City
GARDNER

State
MA

Zip Code
01440-2130

Purpose of Disbursement
Web and IT Consulting

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23336

Amount of Each Disbursement this Period

1800.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joinery

Mailing Address 500 W. Woodard St.

City
Denison

State
TX

Zip Code
75020-0000

Purpose of Disbursement
Software, Hardware & Other IT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23340

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kennedy, Hannah, , ,

Mailing Address 3552 Ruth St

City
Houston

State
TX

Zip Code
77004-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23336

Amount of Each Disbursement this Period

2421.77

Memo Item

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

4221.77

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233405

See BB&T Visa

Form/Schedule:

Transaction ID:

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Kennedy, Hannah, , ,

Mailing Address 3552 Ruth St

City
Houston

State
TX

Zip Code
77004-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	4

FEC Identification Number

C _____

Transaction ID : SB21B.23336

Amount of Each Disbursement this Period

_____ 2421.76

Memo Item

Full Name (Last, First, Middle Initial)

B. Kixie.com

Mailing Address 406 Wilshire Blvd

City
Santa Monica

State
CA

Zip Code
90401-0000

Purpose of Disbursement

General Fundraising Expense

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	2	4

FEC Identification Number

C _____

Transaction ID : SB21B.23340

Amount of Each Disbursement this Period

_____ 15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kixie.com

Mailing Address 406 Wilshire Blvd

City
Santa Monica

State
CA

Zip Code
90401-0000

Purpose of Disbursement

General Fundraising Expense

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	2	4

FEC Identification Number

C _____

Transaction ID : SB21B.23340

Amount of Each Disbursement this Period

_____ 15.00

Memo Item

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

_____ 2421.76

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233407

See BB&T Visa

Form/Schedule: SB21B

Transaction ID: SB21B.233406

See BB&T Visa

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. McWilliams, Brian, James, ,

Mailing Address 13821 SHOUP AVE

City
HAWTHORNE

State
CA

Zip Code
90250-6558

Purpose of Disbursement

Public Relations

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23336

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McWilliams, Brian, James, ,

Mailing Address 13821 SHOUP AVE

City
HAWTHORNE

State
CA

Zip Code
90250-6558

Purpose of Disbursement

Administrative contractor

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23356

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Microsoft

Mailing Address 1 Microsoft Way

City
Redmond

State
WA

Zip Code
98052

Purpose of Disbursement

Software, Hardware & Other IT

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23346

Amount of Each Disbursement this Period

329.65

Memo Item

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

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

2000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233409

See BB&T Visa

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. MyWikis Holdings

Mailing Address 9355 John W Elliott Dr
#25

City Frisco State TX Zip Code 75033-0000

Purpose of Disbursement

Website

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.23344

Amount of Each Disbursement this Period

[] 310.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PA Dept. of Revenue

Mailing Address PO Box 281101

City Harrisburg State PA Zip Code 17128-1101

Purpose of Disbursement

PA - Withholding

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.23354

Amount of Each Disbursement this Period

[] 144.65

Memo Item

Full Name (Last, First, Middle Initial)

C. Padgett, Austin, , ,

Mailing Address 4516 Burseson Rd

City Austin State TX Zip Code 78744-0000

Purpose of Disbursement

Contractor

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.23337

Amount of Each Disbursement this Period

[] 3180.00

Memo Item

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

[] 3634.65

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)

Form for line numbers: 21b (checked), 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b

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

Form A: Padgett, Austin, , , Date of Disbursement 01/16/2024, FEC Identification Number C, Transaction ID: SB21B.23337, Amount of Each Disbursement this Period 2400.00

Form B: Padgett, Austin, , , Date of Disbursement 01/31/2024, FEC Identification Number C, Transaction ID: SB21B.23337, Amount of Each Disbursement this Period 2400.00

Form C: PayChex Flex, Date of Disbursement 01/04/2024, FEC Identification Number C, Transaction ID: SB21B.23345, Amount of Each Disbursement this Period 815.82

SUBTOTAL of Disbursements This Page (optional) 5615.82
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. PayChex Flex

Full Name (Last, First, Middle Initial)

Mailing Address 4300 Kittredge St Suite 100

City Denver State CO Zip Code 80239-0000

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 08 / 2024

FEC Identification Number: C

Transaction ID : SB21B.23345

Amount of Each Disbursement this Period: 200.00

Memo Item

B. PayChex Flex

Full Name (Last, First, Middle Initial)

Mailing Address 4300 Kittredge St Suite 100

City Denver State CO Zip Code 80239-0000

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 19 / 2024

FEC Identification Number: C

Transaction ID : SB21B.23345

Amount of Each Disbursement this Period: 789.82

Memo Item

C. PayPal Merchant Services

Full Name (Last, First, Middle Initial)

Mailing Address 2211 N. First St.

City San Jose State CA Zip Code 95131-0000

Purpose of Disbursement
Credit Card Fees Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 03 / 2024

FEC Identification Number: C

Transaction ID : SB21B.23341

Amount of Each Disbursement this Period: 327.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 989.82

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233410

See BB&T Visa

Form/Schedule:

Transaction ID:

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. PNC Bank

Full Name (Last, First, Middle Initial)

Mailing Address 300 Fifth Avenue

City Pittsburgh State OR Zip Code 15222-0000

Purpose of Disbursement
CORPORATE ACCOUNT ANALYSIS CHARGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 31 / 2024

FEC Identification Number: C

Transaction ID : SB21B.23345

Amount of Each Disbursement this Period: 133.83

Memo Item

B. Poole, Iris, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 604 Cloud Ct

City Round Rock State TX Zip Code 78681-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 05 / 2024

FEC Identification Number: C

Transaction ID : SB21B.23336

Amount of Each Disbursement this Period: 549.52

Memo Item

C. Poole, Iris, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 604 Cloud Ct

City Round Rock State TX Zip Code 78681-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 19 / 2024

FEC Identification Number: C

Transaction ID : SB21B.23336

Amount of Each Disbursement this Period: 480.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1164.25

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23347

Amount of Each Disbursement this Period

58.19

Memo Item

Full Name (Last, First, Middle Initial)

B. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23347

Amount of Each Disbursement this Period

40.98

Memo Item

Full Name (Last, First, Middle Initial)

C. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23347

Amount of Each Disbursement this Period

28.91

Memo Item

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

128.08

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23347

Amount of Each Disbursement this Period

36.26

Memo Item

Full Name (Last, First, Middle Initial)

B. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23347

Amount of Each Disbursement this Period

29.41

Memo Item

Full Name (Last, First, Middle Initial)

C. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23347

Amount of Each Disbursement this Period

21.72

Memo Item

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

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

87.39

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23347

Amount of Each Disbursement this Period

23.16

Memo Item

Full Name (Last, First, Middle Initial)

B. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23348

Amount of Each Disbursement this Period

27.03

Memo Item

Full Name (Last, First, Middle Initial)

C. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23348

Amount of Each Disbursement this Period

23.73

Memo Item

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

73.92

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: Print Connection. Includes fields for Name, Address, City, State, Zip, Purpose, Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/12/2024), FEC ID, Transaction ID (SB21B.23348), and Amount (30.70).

Form B: Print Connection. Includes fields for Name, Address, City, State, Zip, Purpose, Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/16/2024), FEC ID, Transaction ID (SB21B.23348), and Amount (69.95).

Form C: Print Connection. Includes fields for Name, Address, City, State, Zip, Purpose, Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/16/2024), FEC ID, Transaction ID (SB21B.23348), and Amount (57.63).

SUBTOTAL of Disbursements This Page (optional) 158.28
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Print Connection

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement Fundraising Expense-Merchandise Cost
Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2024

FEC Identification Number

C
Transaction ID : SB21B.23348
Amount of Each Disbursement this Period
38.58

Memo Item

Full Name (Last, First, Middle Initial)

B. Print Connection

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement Fundraising Expense-Merchandise Cost
Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2024

FEC Identification Number

C
Transaction ID : SB21B.23348
Amount of Each Disbursement this Period
27.89

Memo Item

Full Name (Last, First, Middle Initial)

C. Print Connection

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement Fundraising Expense-Merchandise Cost
Candidate Name

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

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2024

FEC Identification Number

C
Transaction ID : SB21B.23348
Amount of Each Disbursement this Period
18.33

Memo Item

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

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

84.80

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23348

Amount of Each Disbursement this Period

[REDACTED] 125.58

Memo Item

Full Name (Last, First, Middle Initial)

B. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23348

Amount of Each Disbursement this Period

[REDACTED] 24.42

Memo Item

Full Name (Last, First, Middle Initial)

C. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23348

Amount of Each Disbursement this Period

[REDACTED] 37.59

Memo Item

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

[REDACTED] 187.59

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

[REDACTED]

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2024

FEC Identification Number

C

Transaction ID : SB21B.23349

Amount of Each Disbursement this Period

27.67

Memo Item

Full Name (Last, First, Middle Initial)

B. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2024

FEC Identification Number

C

Transaction ID : SB21B.23349

Amount of Each Disbursement this Period

27.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2024

FEC Identification Number

C

Transaction ID : SB21B.23349

Amount of Each Disbursement this Period

23.43

Memo Item

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

78.10

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23349

Amount of Each Disbursement this Period

6.84

Memo Item

Full Name (Last, First, Middle Initial)

B. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23349

Amount of Each Disbursement this Period

19.68

Memo Item

Full Name (Last, First, Middle Initial)

C. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23349

Amount of Each Disbursement this Period

64.44

Memo Item

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

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

90.96

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)

Form with checkboxes for line numbers 21b, 28a, 22, 28b, 23, 28c, 26, 29, 27, 30b

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

Form A: Print Connection. Includes fields for Full Name, Date of Disbursement (01/24/2024), Mailing Address (11025 Westlake Dr), City (Charlotte), State (NC), Zip Code (28273-3782), Purpose of Disbursement (Fundraising Expense-Merchandise Cost), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (40.31).

Form B: Print Connection. Includes fields for Full Name, Date of Disbursement (01/25/2024), Mailing Address (11025 Westlake Dr), City (Charlotte), State (NC), Zip Code (28273-3782), Purpose of Disbursement (Fundraising Expense-Merchandise Cost), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (19.52).

Form C: Print Connection. Includes fields for Full Name, Date of Disbursement (01/25/2024), Mailing Address (11025 Westlake Dr), City (Charlotte), State (NC), Zip Code (28273-3782), Purpose of Disbursement (Fundraising Expense-Merchandise Cost), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (21.92).

SUBTOTAL of Disbursements This Page (optional) 81.75
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Print Connection

Full Name (Last, First, Middle Initial)

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost

Candidate Name

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

State: District:

Date of Disbursement: 01 / 25 / 2024

FEC Identification Number: C
Transaction ID : SB21B.23350

Amount of Each Disbursement this Period: 27.71

Memo Item

B. Print Connection

Full Name (Last, First, Middle Initial)

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost

Candidate Name

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

State: District:

Date of Disbursement: 01 / 25 / 2024

FEC Identification Number: C
Transaction ID : SB21B.23350

Amount of Each Disbursement this Period: 44.50

Memo Item

C. Print Connection

Full Name (Last, First, Middle Initial)

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost

Candidate Name

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

State: District:

Date of Disbursement: 01 / 25 / 2024

FEC Identification Number: C
Transaction ID : SB21B.23350

Amount of Each Disbursement this Period: 69.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 141.37

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Print Connection

Full Name (Last, First, Middle Initial)

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost

Candidate Name

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

State: District:

Date of Disbursement: 01 / 29 / 2024

FEC Identification Number: C
Transaction ID : SB21B.23350

Amount of Each Disbursement this Period: 16.90

Memo Item

B. Print Connection

Full Name (Last, First, Middle Initial)

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost

Candidate Name

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

State: District:

Date of Disbursement: 01 / 29 / 2024

FEC Identification Number: C
Transaction ID : SB21B.23350

Amount of Each Disbursement this Period: 20.48

Memo Item

C. Print Connection

Full Name (Last, First, Middle Initial)

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost

Candidate Name

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

State: District:

Date of Disbursement: 01 / 29 / 2024

FEC Identification Number: C
Transaction ID : SB21B.23350

Amount of Each Disbursement this Period: 43.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 80.62

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)

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

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23350

Amount of Each Disbursement this Period

44.17

Memo Item

Full Name (Last, First, Middle Initial)

B. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23350

Amount of Each Disbursement this Period

87.47

Memo Item

Full Name (Last, First, Middle Initial)

C. Print Connection

Mailing Address 11025 Westlake Dr

City
Charlotte

State
NC

Zip Code
28273-3782

Purpose of Disbursement

Fundraising Expense-Merchandise Cost

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23350

Amount of Each Disbursement this Period

42.55

Memo Item

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

174.19

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Print Connection

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost
Candidate Name
Category/Type

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

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2024

FEC Identification Number

C
Transaction ID : SB21B.23350
Amount of Each Disbursement this Period
20.66

Memo Item

Full Name (Last, First, Middle Initial)

B. Print Connection

Mailing Address 11025 Westlake Dr

City Charlotte State NC Zip Code 28273-3782

Purpose of Disbursement
Fundraising Expense-Merchandise Cost
Candidate Name
Category/Type

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

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2024

FEC Identification Number

C
Transaction ID : SB21B.23351
Amount of Each Disbursement this Period
9.43

Memo Item

Full Name (Last, First, Middle Initial)

C. Stigler Printing

Mailing Address 106 SE A St

City Stigler State OK Zip Code 74462-0000

Purpose of Disbursement
Printing
Candidate Name
Category/Type

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

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2024

FEC Identification Number

C
Transaction ID : SB21B.23356
Amount of Each Disbursement this Period
2195.00

Memo Item

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

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

2225.09

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Stigler Printing

Mailing Address 106 SE A St

City
Stigler

State
OK

Zip Code
74462-0000

Purpose of Disbursement

Printing

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23356

Amount of Each Disbursement this Period

[REDACTED] 4462.10

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 354 Oyster Point Blvd

City
South San Francisco

State
CA

Zip Code
94080-0000

Purpose of Disbursement

Credit Card Fees Expense

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23351

Amount of Each Disbursement this Period

[REDACTED] 5403.24

Memo Item

Full Name (Last, First, Middle Initial)

C. Texas Workforce Commission

Mailing Address 101 E 15th Street

City
Austin

State
TX

Zip Code
78778-0000

Purpose of Disbursement

Texas Unemployment

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23344

Amount of Each Disbursement this Period

[REDACTED] 29.66

Memo Item

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

[REDACTED] 9895.00

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

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Texas Workforce Commission		Date of Disbursement MM / DD / YYYY 01 / 22 / 2024	
Mailing Address 101 E 15th Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.23345 Amount of Each Disbursement this Period [REDACTED] 144.01	
City Austin	State TX	Zip Code 78778-0000	Category/ Type [REDACTED]
Purpose of Disbursement Texas Unemployment		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Full Name (Last, First, Middle Initial) B. Thexton, Matthew, A., Mr.,		Date of Disbursement MM / DD / YYYY 01 / 05 / 2024	
Mailing Address 7219 Gordons Rd		FEC Identification Number C [REDACTED] Transaction ID : SB21B.23337 Amount of Each Disbursement this Period [REDACTED] 1292.52	
City Falls Church	State VA	Zip Code 22043-0000	Category/ Type [REDACTED]
Purpose of Disbursement Employee Net Pay		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Full Name (Last, First, Middle Initial) C. Thexton, Matthew, A., Mr.,		Date of Disbursement MM / DD / YYYY 01 / 19 / 2024	
Mailing Address 7219 Gordons Rd		FEC Identification Number C [REDACTED] Transaction ID : SB21B.23337 Amount of Each Disbursement this Period [REDACTED] 1292.52	
City Falls Church	State VA	Zip Code 22043-0000	Category/ Type [REDACTED]
Purpose of Disbursement Employee Net Pay		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2729.05
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Trimark Corp.

Mailing Address 6231 Leesburg Pike #100

City Falls Church

State VA

Zip Code 22044-0000

Purpose of Disbursement

Cleaning

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2024

FEC Identification Number

C

Transaction ID : SB21B.23351

Amount of Each Disbursement this Period

210.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Troxell, Joshua, Luke, ,

Mailing Address 880 Burton Street

City Alvin

State TX

Zip Code 77511-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2024

FEC Identification Number

C

Transaction ID : SB21B.23337

Amount of Each Disbursement this Period

1864.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Troxell, Joshua, Luke, ,

Mailing Address 880 Burton Street

City Alvin

State TX

Zip Code 77511-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2024

FEC Identification Number

C

Transaction ID : SB21B.23337

Amount of Each Disbursement this Period

1864.51

Memo Item

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

3939.01

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. US Global Mail

Mailing Address 1321 Upland Dr

City
Houston

State
TX

Zip Code
77043-0000

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23341

Amount of Each Disbursement this Period

34.99

Memo Item

Full Name (Last, First, Middle Initial)

B. US Global Mail

Mailing Address 1321 Upland Dr

City
Houston

State
TX

Zip Code
77043-0000

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23341

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 475 L'Enfant Plaza SW

City
Washington

State
DC

Zip Code
20260-0004

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23341

Amount of Each Disbursement this Period

14.85

Memo Item

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

0.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233413

See BB&T Visa

Form/Schedule: SB21B

Transaction ID: SB21B.233414

See BB&T Visa

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233415

See BB&T Visa

Form/Schedule:

Transaction ID:

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260-0004

Purpose of Disbursement

Postage

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 25 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23341

Amount of Each Disbursement this Period

[REDACTED] 4.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Vanguard

Mailing Address PO Box 28067

City New York State NY Zip Code 10087-8067

Purpose of Disbursement

LP 401K Contributions and Match

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23345

Amount of Each Disbursement this Period

[REDACTED] 324.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Vanguard

Mailing Address PO Box 28067

City New York State NY Zip Code 10087-8067

Purpose of Disbursement

LP 401K Contributions and Match

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.23345

Amount of Each Disbursement this Period

[REDACTED] 327.15

Memo Item

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

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

[REDACTED] 651.15

[REDACTED]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233416

See BB&T Visa

Form/Schedule:

Transaction ID:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
Richmond

State
VA

Zip Code
23261-6644

Purpose of Disbursement

VA - Withholding

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23354

Amount of Each Disbursement this Period

135.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City
Richmond

State
VA

Zip Code
23261-6644

Purpose of Disbursement

Sales Tax

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23352

Amount of Each Disbursement this Period

0.69

Memo Item

Full Name (Last, First, Middle Initial)

C. Voter Gravity Va

Mailing Address 121 E Main St

City
Purcellville

State
VA

Zip Code
20132-0000

Purpose of Disbursement

Campaign Candidate Support

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.23341

Amount of Each Disbursement this Period

3000.00

Memo Item

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

136.19

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233417

See BB&T Visa

Form/Schedule:

Transaction ID:

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Wiecek, Mitchell, Connor, ,

Full Name (Last, First, Middle Initial)

Mailing Address 13809 Cepheus Dr

City Orlando State FL Zip Code 32828-9311

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 25 / 2024

FEC Identification Number: C

Transaction ID : SB21B.23338

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Wiecek, Mitchell, Connor, ,

Full Name (Last, First, Middle Initial)

Mailing Address 13809 Cepheus Dr

City Orlando State FL Zip Code 32828-9311

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2024

FEC Identification Number: C

Transaction ID : SB21B.23338

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Zenwork, Inc

Full Name (Last, First, Middle Initial)

Mailing Address 1 E Center St #250

City Fayetteville State AR Zip Code 72701-0000

Purpose of Disbursement Tax Filing Software - 1099

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.23341

Amount of Each Disbursement this Period: 62.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233419

See BB&T Visa

Form/Schedule:

Transaction ID:

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Zoom Us Www

Mailing Address 55 Almaden Boulevard, 6th Floor

City
San Jose

State
CA

Zip Code
95113-0000

Purpose of Disbursement
Software, Hardware & Other IT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB21B.23342

Amount of Each Disbursement this Period

[] 52.50

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 0.00

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

[] 112295.10

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.233420

See BB&T Visa

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. LP - North Dakota

Mailing Address 1413 45th St W
Apt 312

City
Williston

State
ND

Zip Code
58801-0000

Purpose of Disbursement

Ballot Access

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.233550

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LPAK - LP Alaska

Mailing Address 200 W 34th Ave
#543

City
Anchorage

State
AK

Zip Code
99503-0000

Purpose of Disbursement

Transfer to Affiliate Non Federal

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.233552

Amount of Each Disbursement this Period

360.29

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3860.29

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

3860.29

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 105 OF 107
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aiken, David, , ,			Nature of Debt (Purpose): CiviCRM and Campaign Support
Mailing Address 1240 N Ogden St #4			
City Denver	State CO	Zip Code 80218-0000	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.233574	
Amount Incurred This Period <input type="text" value="1295.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1295.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor All In One Accounting			Nature of Debt (Purpose): Accounting Services
Mailing Address 1715 Yankee Doodle Rd Ste 305			
City Eagan	State MN	Zip Code 55121-1697	

Outstanding Balance Beginning This Period <input type="text" value="1415.25"/>	Transaction ID : SD10.229849	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1415.25"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor All In One Accounting			Nature of Debt (Purpose): Accounting Services
Mailing Address 1715 Yankee Doodle Rd Ste 305			
City Eagan	State MN	Zip Code 55121-1697	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.233573	
Amount Incurred This Period <input type="text" value="7840.53"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7840.53"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9135.53"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 106 OF 107
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bastiat Creative LLC			Nature of Debt (Purpose): Copywriting
Mailing Address PO Box 660121			
City Austin	State TX	Zip Code 78766-0121	

Outstanding Balance Beginning This Period 1425.00	Transaction ID : SD10.226020	
Amount Incurred This Period 0.00	Payment This Period 1425.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bastiat Creative LLC			Nature of Debt (Purpose): Copywriting
Mailing Address PO Box 660121			
City Austin	State TX	Zip Code 78766-0121	

Outstanding Balance Beginning This Period 500.00	Transaction ID : SD10.229850	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Edwards, Paula, , ,			Nature of Debt (Purpose): Compliance Consulting
Mailing Address P.O. Box 55456			
City Washington	State DC	Zip Code 20006-5456	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.229851	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 107 OF 107
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hall, Oliver, , ,			Nature of Debt (Purpose): Legal Retainer
Mailing Address 1835 16th St NW #5			
City Washington	State DC	Zip Code 20009-0000	

Outstanding Balance Beginning This Period <input type="text" value="4500.00"/>	Transaction ID : SD10.229852	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor McWilliams, Brian, James, ,			Nature of Debt (Purpose): Administrative Contractor
Mailing Address 13821 SHOUP AVE			
City HAWTHORNE	State CA	Zip Code 90250-6558	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.229853	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stigler Printing			Nature of Debt (Purpose): Printing
Mailing Address 106 SE A St			
City Stigler	State OK	Zip Code 74462-0000	

Outstanding Balance Beginning This Period <input type="text" value="6657.10"/>	Transaction ID : SD10.229854	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6657.10"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="9135.53"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="9135.53"/>