

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

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

FOR LINE NUMBER: PAGE 73 OF 283

(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. Galvan, Jill, , ,

Mailing Address 241 Milky Way St. South  
 PO Box 82

City  
 Cosmos

State  
 MN

Zip Code  
 56228-7718

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Jennie-O

Occupation (for Individual)  
 Machine Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2019

Transaction ID : SA11Al.125962

Amount of Each Receipt this Period

60.00

☐ Memo Item  
 Contribution

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

B. Gambone, Chad, J., ,

Mailing Address 15 Woodside St

City  
 Salem

State  
 MA

Zip Code  
 01970-1616

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Electric Insurance

Occupation (for Individual)  
 Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2019

Transaction ID : SA11Al.125963

Amount of Each Receipt this Period

30.00

☐ Memo Item  
 Contribution

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

C. Garner, Thomas, Roy, ,

Mailing Address 6208 Hobart Ave

City  
 Las Vegas

State  
 NV

Zip Code  
 89107-1326

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2019

Transaction ID : SA11Al.125976

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 Contribution

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

115.00

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