

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Libertarian Party of Illinois

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		5063.23
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	6623.69									
(c) Total Receipts (from Line 19)	15858.06	18755.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22481.75	23818.95								
7. Total Disbursements (from Line 31)	11486.82	12824.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10994.93	10994.93								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Libertarian Party of Illinois

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	9411.26	10161.26
(ii) Unitemized	5396.80	7131.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14808.06	17293.06
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1050.00	1462.66
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15858.06	18755.72
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)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15858.06	18755.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15858.06	18755.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11486.82	12824.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11486.82	12824.02
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 Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11486.82	12824.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11486.82	12824.02

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	15858.06	18755.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15858.06	18755.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11486.82	12824.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11486.82	12824.02

**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 / 42
	<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 Party of Illinois

A.	Full Name (Last, First, Middle Initial) Debra J. Aaron	Date of Receipt MM / DD / YYYY 11 / 14 / 2009
	Mailing Address 1904 W. Touhy #3A	Transaction ID: SA11AI.12795
	City State Zip Code Chicago IL 60626	Amount of Each Receipt this Period 339.00
	FEC ID number of contributing federal political committee. C	Donation
	Name of Employer Atlantic Trust Occupation Facilities Services Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 339.00	

B.	Full Name (Last, First, Middle Initial) Mr. Joe Bast	Date of Receipt MM / DD / YYYY 10 / 25 / 2009
	Mailing Address 900 E. Wilmette Road #124	Transaction ID: SA11AI.12701
	City State Zip Code Palatine IL 60067	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	In-kind - Tickets for 2 to benefit dinner
	Name of Employer Heartland Institute Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Christopher Bennett	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 2616 Kent Drive	Transaction ID: SA11AI.12631
	City State Zip Code Springfield IL 62703	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	Convention Registration
	Name of Employer Cracker Barrel Occupation Backup Cook Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	919.00
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 7 / 42
	<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 Party of Illinois

A.	Full Name (Last, First, Middle Initial) Christopher Bennett		Date of Receipt
	Mailing Address 2616 Kent Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Springfield	IL	62703
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12791
		Amount of Each Receipt this Period	<input type="text"/>
		Convention Registration	86.00
Name of Employer Cracker Barrel		Occupation Backup Cook	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			366.00

B.	Full Name (Last, First, Middle Initial) Dave Brady		Date of Receipt
	Mailing Address 2714 Benjamin Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Wonder Lake	IL	60097
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12607
		Amount of Each Receipt this Period	<input type="text"/>
		Convention Registration	165.00
Name of Employer 22nd Judicial Court		Occupation Electronic Recording Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			215.00

C.	Full Name (Last, First, Middle Initial) Dave Brady		Date of Receipt
	Mailing Address 2714 Benjamin Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Wonder Lake	IL	60097
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12621
		Amount of Each Receipt this Period	<input type="text"/>
		Convention Registration	330.00
Name of Employer 22nd Judicial Court		Occupation Electronic Recording Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			545.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
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 8 / 42
	<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 Party of Illinois

A.	Full Name (Last, First, Middle Initial) Dave Brady		Date of Receipt
	Mailing Address 2714 Benjamin Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Wonder Lake	IL	60097
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12635
		Amount of Each Receipt this Period	<input type="text"/> 618.31
Name of Employer 22nd Judicial Court		Occupation Electronic Recording Specialist	Convention Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1163.31	

B.	Full Name (Last, First, Middle Initial) Francine Brady		Date of Receipt
	Mailing Address 2714 Benjamin Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Wonder Lake	IL	60097
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12606
		Amount of Each Receipt this Period	<input type="text"/> 165.00
Name of Employer Self Employed		Occupation Web Developer	Convention Registration
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 215.00	

C.	Full Name (Last, First, Middle Initial) Edward H. Bruske		Date of Receipt
	Mailing Address 7325 Heritage Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Frankfort	IL	60423
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12714
		Amount of Each Receipt this Period	<input type="text"/> 199.00
Name of Employer Bruske Productions		Occupation President	In-kind - Wine
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 398.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 982.31
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: PAGE 9 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)
Steven Burgauer

Mailing Address 6605 Rustic Oak Court

City Peoria State IL Zip Code 61614

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

Name of Employer Zero-G Press Occupation Author

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 21 / 2009

Transaction ID: SA11AI.12596

Amount of Each Receipt this Period 280.00

Convention Registration

B.

Full Name (Last, First, Middle Initial)
Steven Burgauer

Mailing Address 6605 Rustic Oak Court

City Peoria State IL Zip Code 61614

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

Name of Employer Zero-G Press Occupation Author

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 23 / 2009

Transaction ID: SA11AI.12613

Amount of Each Receipt this Period 15.00

Donation

C.

Full Name (Last, First, Middle Initial)
Damon Dillon

Mailing Address 10534 Antioch Rd

City Tremont State IL Zip Code 61568

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

Name of Employer Catepillar Occupation Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 02 / 2009

Transaction ID: SA11AI.12550

Amount of Each Receipt this Period 50.00

Monthly Donation

SUBTOTAL of Receipts This Page (optional) ► **345.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Damon Dillon

Mailing Address 10534 Antioch Rd

City State Zip Code
Tremont IL 61568

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

Name of Employer Catepillar Occupation Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 08 / 03 / 2009
Transaction ID: SA11AI.12554
Amount of Each Receipt this Period: 50.00
Monthly Donation

B. Full Name (Last, First, Middle Initial)
Damon Dillon

Mailing Address 10534 Antioch Rd

City State Zip Code
Tremont IL 61568

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

Name of Employer Catepillar Occupation Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 24 / 2009
Transaction ID: SA11AI.12573
Amount of Each Receipt this Period: 50.00
Monthly Donation

C. Full Name (Last, First, Middle Initial)
Damon Dillon

Mailing Address 10534 Antioch Rd

City State Zip Code
Tremont IL 61568

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

Name of Employer Catepillar Occupation Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 08 / 24 / 2009
Transaction ID: SA11AI.12576
Amount of Each Receipt this Period: 190.00
Convention Registration

SUBTOTAL of Receipts This Page (optional) ► 290.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)
Michael Fogelsanger

Mailing Address 845 Sunset Lane

City State Zip Code
Sycamore IL 60178

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

Name of Employer Waste Management Occupation Truck Driver

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12611

Amount of Each Receipt this Period
140.00

Convention Registration

B.

Full Name (Last, First, Middle Initial)
Michael Fogelsanger

Mailing Address 845 Sunset Lane

City State Zip Code
Sycamore IL 60178

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

Name of Employer Waste Management Occupation Truck Driver

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12644

Amount of Each Receipt this Period
25.00

Donation

C.

Full Name (Last, First, Middle Initial)
Ms. Julia A. Fox

Mailing Address 310 North Van Buren Street

City State Zip Code
Dundee IL 60118

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

Name of Employer Bell Flavors & Fragrances Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12623

Amount of Each Receipt this Period
140.00

Convention Registration

SUBTOTAL of Receipts This Page (optional) ► **305.00**

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 12 / 42
	<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 Party of Illinois

A.	Full Name (Last, First, Middle Initial) Josh Hanson		Date of Receipt
	Mailing Address 720 Crescent Street Apt. 132		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 9
	City	State	Zip Code
	Wheaton	IL	60187
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12784
Name of Employer Madden Communications		Occupation Project Coordinator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 75.00
Convention Registration			

B.	Full Name (Last, First, Middle Initial) Fran Holt		Date of Receipt
	Mailing Address 300 E. Spencer St #71		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Dwight	IL	60420
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12570
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 140.00
Convention Registration			

C.	Full Name (Last, First, Middle Initial) Fran Holt		Date of Receipt
	Mailing Address 300 E. Spencer St #71		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Dwight	IL	60420
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12577
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 10.00
Monthly Pledge			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
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: PAGE 13 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial) Fran Holt		Date of Receipt MM / DD / YYYY 10 / 23 / 2009
Mailing Address 300 E. Spencer St #71		Transaction ID: SA11AI.12608
City Dwight	State IL	Zip Code 60420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Retired	Occupation Retired	Monthly Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Fran Holt		Date of Receipt MM / DD / YYYY 10 / 23 / 2009
Mailing Address 300 E. Spencer St #71		Transaction ID: SA11AI.12642
City Dwight	State IL	Zip Code 60420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Retired	Occupation Retired	Monthly Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Robert Johnson		Date of Receipt MM / DD / YYYY 08 / 03 / 2009
Mailing Address 912 S. Linden		Transaction ID: SA11AI.12553
City Normal	State IL	Zip Code 61761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Tek Systems	Occupation Data Base Administrator	Monthly Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 42
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

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

Mailing Address 912 S. Linden

City State Zip Code
Normal IL 61761

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

Name of Employer Occupation
Tek Systems Data Base Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2009

Transaction ID: SA11AI.12571

Amount of Each Receipt this Period
25.00

Monthly Donation

B.

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

Mailing Address 912 S. Linden

City State Zip Code
Normal IL 61761

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

Name of Employer Occupation
Tek Systems Data Base Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2009

Transaction ID: SA11AI.12605

Amount of Each Receipt this Period
25.00

Monthly Donation

C.

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

Mailing Address 912 S. Linden

City State Zip Code
Normal IL 61761

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

Name of Employer Occupation
Tek Systems Data Base Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2009

Transaction ID: SA11AI.12636

Amount of Each Receipt this Period
25.00

Monthly Donation

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Jeff Jones		Date of Receipt
	Mailing Address 406 N. 5th Street		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Vandalia	IL	62471
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Sunshine Health Inc.		Occupation Nutritionist	Transaction ID: SA11AI.12600
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="330.00"/>
		<input type="text" value="330.00"/>	Convention Registration

B.	Full Name (Last, First, Middle Initial) Jeff Jones		Date of Receipt
	Mailing Address 406 N. 5th Street		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Vandalia	IL	62471
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Sunshine Health Inc.		Occupation Nutritionist	Transaction ID: SA11AI.12649
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="text" value="380.00"/>	In-kind - Chocolate Gift Basket

C.	Full Name (Last, First, Middle Initial) Jeff Jones		Date of Receipt
	Mailing Address 406 N. 5th Street		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Vandalia	IL	62471
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Sunshine Health Inc.		Occupation Nutritionist	Transaction ID: SA11AI.12763
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="484.00"/>
		<input type="text" value="864.00"/>	Donation

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="864.00"/>
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: PAGE 16 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

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

Mailing Address 895 Winchester Ct.

City State Zip Code
Carol Stream IL 60188

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

Name of Employer Occupation
Crystal Point Consulting Website Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12654

Amount of Each Receipt this Period
154.00

In-kind - Book

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

Mailing Address 895 Winchester Ct.

City State Zip Code
Carol Stream IL 60188

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

Name of Employer Occupation
Crystal Point Consulting Website Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12667

Amount of Each Receipt this Period
20.00

In-kind - DVD set

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

Mailing Address 895 Winchester Ct.

City State Zip Code
Carol Stream IL 60188

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

Name of Employer Occupation
Crystal Point Consulting Website Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12669

Amount of Each Receipt this Period
22.00

In-kind - Book

SUBTOTAL of Receipts This Page (optional) ► 196.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Crystal Jurczynski
Mailing Address 895 Winchester Ct.
City Carol Stream State IL Zip Code 60188
FEC ID number of contributing federal political committee. **C**
Name of Employer Crystal Point Consulting Occupation Website Architect
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 376.00
Date of Receipt 10 / 25 / 2009
Transaction ID: SA11AI.12712
Amount of Each Receipt this Period 40.00
In-kind - Framed Pictures

B. Full Name (Last, First, Middle Initial)
Crystal Jurczynski
Mailing Address 895 Winchester Ct.
City Carol Stream State IL Zip Code 60188
FEC ID number of contributing federal political committee. **C**
Name of Employer Crystal Point Consulting Occupation Website Architect
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 426.00
Date of Receipt 11 / 14 / 2009
Transaction ID: SA11AI.12792
Amount of Each Receipt this Period 50.00
Donation

C. Full Name (Last, First, Middle Initial)
Mr. David Kaufman
Mailing Address 310 West Wayne Place
City Wheeling State IL Zip Code 60090
FEC ID number of contributing federal political committee. **C**
Name of Employer Howard Simon & Assoc. Occupation pension plan administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 24 / 2009
Transaction ID: SA11AI.12578
Amount of Each Receipt this Period 500.00
Donation

SUBTOTAL of Receipts This Page (optional) ▶ 590.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 18 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

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

Mailing Address 310 West Wayne Place

City State Zip Code
Wheeling IL 60090

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

Name of Employer Occupation
Howard Simon & Assoc. pension plan administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2009

Transaction ID: SA11AI.12597

Amount of Each Receipt this Period
250.00

Donation

B. Full Name (Last, First, Middle Initial)
David Kelley

Mailing Address 3456 Dallas Rd.

City State Zip Code
Rockford IL 61109

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

Name of Employer Occupation
P-G Design Build Construction Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.12548

Amount of Each Receipt this Period
75.00

Monthly Donation

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

Mailing Address 3456 Dallas Rd.

City State Zip Code
Rockford IL 61109

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

Name of Employer Occupation
P-G Design Build Construction Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: SA11AI.12557

Amount of Each Receipt this Period
75.00

Monthly Donation

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<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 Party of Illinois

A.	Full Name (Last, First, Middle Initial) David Kelley		Date of Receipt
	Mailing Address 3456 Dallas Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rockford	IL	61109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12564
Name of Employer P-G Design Build		Occupation Construction Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00
		<input type="text"/> 825.00	Monthly Donation

B.	Full Name (Last, First, Middle Initial) David Kelley		Date of Receipt
	Mailing Address 3456 Dallas Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rockford	IL	61109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12594
Name of Employer P-G Design Build		Occupation Construction Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00
		<input type="text"/> 900.00	Monthly Donation

C.	Full Name (Last, First, Middle Initial) David Kelley		Date of Receipt
	Mailing Address 3456 Dallas Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rockford	IL	61109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12619
Name of Employer P-G Design Build		Occupation Construction Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00
		<input type="text"/> 975.00	Monthly Donation

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
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: PAGE 20 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

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

Mailing Address 3456 Dallas Rd.

City State Zip Code
Rockford IL 61109

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

Name of Employer P-G Design Build Occupation Construction Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 14 / 2009
Transaction ID: SA11AI.12751
Amount of Each Receipt this Period 75.00
Monthly Donation

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

Mailing Address 19W222 Ginny Lane West

City State Zip Code
Oak Brook IL 60523

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

Name of Employer Oak Brook Electronics Occupation Electrical Engineer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 30 / 2009
Transaction ID: SA11AI.12736
Amount of Each Receipt this Period 140.00
Donation

C. Full Name (Last, First, Middle Initial)
Michael Labno

Mailing Address 19W222 Ginny Lane West

City State Zip Code
Oak Brook IL 60523

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

Name of Employer Oak Brook Electronics Occupation Electrical Engineer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 327.00

Date of Receipt 11 / 14 / 2009
Transaction ID: SA11AI.12772
Amount of Each Receipt this Period 17.00
Donation

SUBTOTAL of Receipts This Page (optional) ► 232.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)
Kenton C. McMillen

Mailing Address 1409 N. 15th Avenue

City State Zip Code
Melrose Park IL 60160

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

Name of Employer Occupation
Mayer Brown paralegal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2009

Transaction ID: SA11AI.12584

Amount of Each Receipt this Period
50.00

Donation

B.

Full Name (Last, First, Middle Initial)
Kenton C. McMillen

Mailing Address 1409 N. 15th Avenue

City State Zip Code
Melrose Park IL 60160

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

Name of Employer Occupation
Mayer Brown paralegal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2009

Transaction ID: SA11AI.12739

Amount of Each Receipt this Period
45.00

Donation

C.

Full Name (Last, First, Middle Initial)
Kenton C. McMillen

Mailing Address 1409 N. 15th Avenue

City State Zip Code
Melrose Park IL 60160

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

Name of Employer Occupation
Mayer Brown paralegal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2009

Transaction ID: SA11AI.12768

Amount of Each Receipt this Period
10.00

Donation

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
Wonder Lake IL 60097

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

Name of Employer None Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2009

Transaction ID: SA11AI.12581

Amount of Each Receipt this Period
280.00

Convention Registration

B.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
Wonder Lake IL 60097

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

Name of Employer None Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2009

Transaction ID: SA11AI.12651

Amount of Each Receipt this Period
15.00

In-kind - T shirt

C.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
Wonder Lake IL 60097

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

Name of Employer None Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2009

Transaction ID: SA11AI.12686

Amount of Each Receipt this Period
15.00

In-kind - Tshirt

SUBTOTAL of Receipts This Page (optional) ► **310.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
Wonder Lake IL 60097

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

Name of Employer None Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12694

Amount of Each Receipt this Period
90.00

In-kind - Burlap Seed Bag, antique

B.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
Wonder Lake IL 60097

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

Name of Employer None Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12705

Amount of Each Receipt this Period
15.00

In-kind - Tshirt

C.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
Wonder Lake IL 60097

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

Name of Employer None Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12710

Amount of Each Receipt this Period
15.00

In-kind Tshirt

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 42
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)
Edward Rutledge

Mailing Address 2027 W. Leland

City Chicago State IL Zip Code 60625

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

Name of Employer UIRC Occupation Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 25 / 2009

Transaction ID: SA11AI.12722

Amount of Each Receipt this Period 200.00

In-kind - Shooting Outing at Gun Club

B.

Full Name (Last, First, Middle Initial)
Edward Rutledge

Mailing Address 2027 W. Leland

City Chicago State IL Zip Code 60625

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

Name of Employer UIRC Occupation Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 11 / 14 / 2009

Transaction ID: SA11AI.12777

Amount of Each Receipt this Period 35.00

Donation

C.

Full Name (Last, First, Middle Initial)
Mr. Charles E. Sila

Mailing Address 504 North School Street

City Normal State IL Zip Code 61761

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

Name of Employer Self-employed Occupation Public accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2009

Transaction ID: SA11AI.12734

Amount of Each Receipt this Period 250.00

Donation

SUBTOTAL of Receipts This Page (optional) ▶ 485.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)
Mr. Charles E. Sila

Mailing Address 504 North School Street

City State Zip Code
Normal IL 61761

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

Name of Employer Self-employed Occupation Public accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2009

Transaction ID: SA11AI.12793

Amount of Each Receipt this Period
32.00

Donation

B.

Full Name (Last, First, Middle Initial)
Christopher Stoll

Mailing Address 923 Quince Lane

City State Zip Code
Mt. Prospect IL 60056

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

Name of Employer Allstate Insurance Company Occupation Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.12552

Amount of Each Receipt this Period
50.00

Monthly Donation

C.

Full Name (Last, First, Middle Initial)
Christopher Stoll

Mailing Address 923 Quince Lane

City State Zip Code
Mt. Prospect IL 60056

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

Name of Employer Allstate Insurance Company Occupation Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: SA11AI.12556

Amount of Each Receipt this Period
50.00

Monthly Donation

SUBTOTAL of Receipts This Page (optional) ► **132.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Christopher Stoll

Mailing Address 923 Quince Lane

City State Zip Code
Mt. Prospect IL 60056

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

Name of Employer Allstate Insurance Company Occupation Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.12579

Amount of Each Receipt this Period
50.00

Monthly Donation

B. Full Name (Last, First, Middle Initial)
Christopher Stoll

Mailing Address 923 Quince Lane

City State Zip Code
Mt. Prospect IL 60056

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

Name of Employer Allstate Insurance Company Occupation Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.12609

Amount of Each Receipt this Period
50.00

Monthly Donation

C. Full Name (Last, First, Middle Initial)
Christopher Stoll

Mailing Address 923 Quince Lane

City State Zip Code
Mt. Prospect IL 60056

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

Name of Employer Allstate Insurance Company Occupation Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.12645

Amount of Each Receipt this Period
50.00

Monthly Donation

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 27 / 42
	<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 Party of Illinois

A.	Full Name (Last, First, Middle Initial) Donald H. Stover	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 515 W. Main	Transaction ID: SA11AI.12612
	City Greenville State IL Zip Code 62246	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	Convention Registration
Name of Employer Nevco Scoreboard	Occupation Service Technician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Donald H. Stover	Date of Receipt MM / DD / YYYY 10 / 25 / 2009
	Mailing Address 515 W. Main	Transaction ID: SA11AI.12682
	City Greenville State IL Zip Code 62246	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	In-kind - Carved Pumpkin with Lights
Name of Employer Nevco Scoreboard	Occupation Service Technician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) James Tobin	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 1822 S. Home	Transaction ID: SA11AI.12735
	City Berwyn State IL Zip Code 60402	Amount of Each Receipt this Period 760.00
	FEC ID number of contributing federal political committee. C	Convention Registration
Name of Employer self-employed	Occupation political activist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

SUBTOTAL of Receipts This Page (optional)	▶	1060.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12676

Amount of Each Receipt this Period
44.95

In-kind - Audio Books on Fountain Head

B.

Full Name (Last, First, Middle Initial)
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12696

Amount of Each Receipt this Period
35.00

In-kind Books and Tshirt

C.

Full Name (Last, First, Middle Initial)
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 279.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12718

Amount of Each Receipt this Period
25.00

In-kind - Polo Shirt

SUBTOTAL of Receipts This Page (optional) ► **104.95**

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 29 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial) Valiant S. Vetter		Date of Receipt MM / DD / YYYY 11 / 14 / 2009
Mailing Address 2119 Wilmette Avenue		Transaction ID: SA11AI.12761
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Chicago Tribune	Occupation Systems Administrator	Monthly Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.95	

B.

Full Name (Last, First, Middle Initial) Valiant S. Vetter		Date of Receipt MM / DD / YYYY 11 / 14 / 2009
Mailing Address 2119 Wilmette Avenue		Transaction ID: SA11AI.12794
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Chicago Tribune	Occupation Systems Administrator	Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 439.95	

C.

Full Name (Last, First, Middle Initial) Dianna Visek		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 608 W. Pennsylvania		Transaction ID: SA11AI.12743
City Urbana	State IL	Zip Code 61801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Self	Occupation Landlord	Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
James C. Waldron
Mailing Address 1505 Georgia Ct. #202
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 08 / 03 / 2009
Transaction ID: SA11AI.12563
Amount of Each Receipt this Period 75.00
Monthly Donation

B. Full Name (Last, First, Middle Initial)
James C. Waldron
Mailing Address 1505 Georgia Ct. #202
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 415.00
Date of Receipt 09 / 21 / 2009
Transaction ID: SA11AI.12585
Amount of Each Receipt this Period 190.00
Convention Registration

C. Full Name (Last, First, Middle Initial)
James C. Waldron
Mailing Address 1505 Georgia Ct. #202
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 490.00
Date of Receipt 10 / 23 / 2009
Transaction ID: SA11AI.12602
Amount of Each Receipt this Period 75.00
Monthly Donation

SUBTOTAL of Receipts This Page (optional) ► 340.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 31 / 42	
	(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"/> 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 Party of Illinois

A.	Full Name (Last, First, Middle Initial) James C. Waldron		Date of Receipt																					
	Mailing Address 1505 Georgia Ct. #202		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		3	0		2	0	0	9														
	City	State	Zip Code		Transaction ID: SA11AI.12744																			
Naperville	IL	60540																						
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer retired		Occupation retired		<input type="text" value="50.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="540.00"/>		Donation																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="50.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="9411.26"/>

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

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

FOR LINE NUMBER: PAGE 32 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Bond Fayette County Libertarians

Mailing Address 515 W. Main Street

City Greenville State IL Zip Code 62246

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 10 / 25 / 2009
Transaction ID: SA11C.12660
 Amount of Each Receipt this Period: 50.00
 In-kind - Basket with assorted bumper stickers and books

B. Full Name (Last, First, Middle Initial)
Libertarian Party of Chicago

Mailing Address P.o. Box 1746

City Chicago State IL Zip Code 60690

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11C.12589
 Amount of Each Receipt this Period: 500.00
 Convention Donation

C. Full Name (Last, First, Middle Initial)
Libertarian Party of Chicago

Mailing Address P.o. Box 1746

City Chicago State IL Zip Code 60690

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11C.12590
 Amount of Each Receipt this Period: 500.00
 Donation for ad in Illinois Shooter paper

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number only) ► 1050.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

<p>A. Full Name (Last, First, Middle Initial) Mr. Joe Bast</p> <p>Mailing Address 900 E. Wilmette Road #124</p> <p>City Palatine State IL Zip Code 60067</p> <p>Purpose of Disbursement In-kind - Tickets for 2 to benefit dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12702</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Edward H. Bruske</p> <p>Mailing Address 7325 Heritage Ct.</p> <p>City Frankfort State IL Zip Code 60423</p> <p>Purpose of Disbursement In-kind - Wine</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12715</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Click and Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12511</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="68.87"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="567.87"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Click and Pledge	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.12513																					
	Click and Pledge	Date of Disbursement																					
Mailing Address	2200 Kraft Drive Suite 1175	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	0	9														
City	Blacksburg	State	VA	Zip Code	24060	Amount of Each Disbursement this Period																	
						15.00																	
Purpose of Disbursement	Check Processing Fee	001		Category/Type																			
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State:	District:																						

B. Click and Pledge	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.12519																					
	Click and Pledge	Date of Disbursement																					
Mailing Address	2200 Kraft Drive Suite 1175	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	9														
City	Blacksburg	State	VA	Zip Code	24060	Amount of Each Disbursement this Period																	
						61.28																	
Purpose of Disbursement	Credit Card Processing Fee	003		Category/Type																			
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State:	District:																						

C. Click and Pledge	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.12520																					
	Click and Pledge	Date of Disbursement																					
Mailing Address	2200 Kraft Drive Suite 1175	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	9														
City	Blacksburg	State	VA	Zip Code	24060	Amount of Each Disbursement this Period																	
						5.00																	
Purpose of Disbursement	Check Processing Fee	001		Category/Type																			
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	▶	81.28
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

<p>A. Full Name (Last, First, Middle Initial) Click and Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12521</p> <p>Date of Disbursement 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 152.94</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Click and Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement Check Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12522</p> <p>Date of Disbursement 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Click and Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12542</p> <p>Date of Disbursement 11 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 56.24</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

219.18

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Click and Pledge	Transaction ID: SB21B.12543 Date of Disbursement MM / DD / YYYY 11 / 01 / 2009
	Mailing Address 2200 Kraft Drive Suite 1175	Amount of Each Disbursement this Period 5.00
	City Blacksburg State VA Zip Code 24060	
	Purpose of Disbursement Check Processing Fee	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DocuCopies.co	Transaction ID: SB21B.12523 Date of Disbursement MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 636 Commerce Drive	Amount of Each Disbursement this Period 248.42
	City Hudson State WI Zip Code 54016	
	Purpose of Disbursement Document Printing and Binding	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Doubletree Hotel	Transaction ID: SB21B.12532 Date of Disbursement MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 1000 Eastport Plaza	Amount of Each Disbursement this Period 1000.00
	City Collinsville State IL Zip Code 62234	
	Purpose of Disbursement Deposit for convention - annual business meeting	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1253.42
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Doubletree Hotel</p> <p>Mailing Address 1000 Eastport Plaza</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement Catering Expenses for convention and annual business meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12536</p> <p>Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type 001</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Doubletree Hotel</p> <p>Mailing Address 1000 Eastport Plaza</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement Catering Expenses for annual convention and business meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12537</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2068.69</p> <p>Category/Type 001</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sharon Harris</p> <p>Mailing Address 213 S. Erwin Street</p> <p>City Cartersville State GA Zip Code 30120</p> <p>Purpose of Disbursement Travel expenses for keynote dinner speaker</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12531</p> <p>Date of Disbursement 10 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 874.20</p> <p>Category/Type 002</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4942.89

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)
Illinois Shooter

Transaction ID: SB21B.12539
Date of Disbursement

Mailing Address P.O. Box 637
Dept. W

11 / 20 / 2009

City Chatsworth State IL Zip Code 60921

Amount of Each Disbursement this Period

410.00

Purpose of Disbursement
Advertising Expense - ad placed in publication
Candidate Name

004
Category/
Type

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

B.

Full Name (Last, First, Middle Initial)
Crystal Jurczynski

Transaction ID: SB21B.12525
Date of Disbursement

Mailing Address 895 Winchester Ct.

10 / 16 / 2009

City Carol Stream State IL Zip Code 60188

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Contractual Fee - Administrative Services
Candidate Name

001
Category/
Type

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

C.

Full Name (Last, First, Middle Initial)
Crystal Jurczynski

Transaction ID: SB21B.12655
Date of Disbursement

Mailing Address 895 Winchester Ct.

10 / 25 / 2009

City Carol Stream State IL Zip Code 60188

Amount of Each Disbursement this Period

154.00

Purpose of Disbursement
In-kind - Book
Candidate Name

Category/
Type

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

SUBTOTAL of Disbursements This Page (optional)

764.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.12668 Date of Disbursement 10 / 25 / 2009
	Mailing Address 895 Winchester Ct.	Amount of Each Disbursement this Period 20.00
	City Carol Stream State IL Zip Code 60188	
	Purpose of Disbursement In-kind - DVD set	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.12670 Date of Disbursement 10 / 25 / 2009
	Mailing Address 895 Winchester Ct.	Amount of Each Disbursement this Period 22.00
	City Carol Stream State IL Zip Code 60188	
	Purpose of Disbursement In-kind - Book	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.12713 Date of Disbursement 10 / 25 / 2009
	Mailing Address 895 Winchester Ct.	Amount of Each Disbursement this Period 40.00
	City Carol Stream State IL Zip Code 60188	
	Purpose of Disbursement In-kind - Framed Pictures	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	82.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Crystal Jurczynski	Transaction ID: SB21B.12535 Date of Disbursement 11 / 05 / 2009
	Mailing Address 895 Winchester Ct.	Amount of Each Disbursement this Period 400.00
	City Carol Stream State IL Zip Code 60188	
	Purpose of Disbursement Contractual Fee - Administrative Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ken Krawchuk	Transaction ID: SB21B.12529 Date of Disbursement 10 / 27 / 2009
	Mailing Address 117 W. Avenue	Amount of Each Disbursement this Period 618.31
	City Elkins Park State PA Zip Code 19027	
	Purpose of Disbursement Travel expenses for keynote lunch speaker Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Valiant S. Vetter	Transaction ID: SB21B.12517 Date of Disbursement 09 / 08 / 2009
	Mailing Address 2119 Wilmette Avenue	Amount of Each Disbursement this Period 820.76
	City Wilmette State IL Zip Code 60091	
	Purpose of Disbursement Reimbursement for mailing expenses incl. postage, paper, envelopes Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1839.07
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.	Full Name (Last, First, Middle Initial) Valiant S. Vetter	Transaction ID: SB21B.12675 Date of Disbursement 10 / 25 / 2009
	Mailing Address 2119 Wilmette Avenue	Amount of Each Disbursement this Period 10.00
	City Wilmette State IL Zip Code 60091	
	Purpose of Disbursement In-kind - Lew Rockwell CDs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Valiant S. Vetter	Transaction ID: SB21B.12677 Date of Disbursement 10 / 25 / 2009
	Mailing Address 2119 Wilmette Avenue	Amount of Each Disbursement this Period 44.95
	City Wilmette State IL Zip Code 60091	
	Purpose of Disbursement In-kind - Audio Books on Fountain Head	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Valiant S. Vetter	Transaction ID: SB21B.12697 Date of Disbursement 10 / 25 / 2009
	Mailing Address 2119 Wilmette Avenue	Amount of Each Disbursement this Period 35.00
	City Wilmette State IL Zip Code 60091	
	Purpose of Disbursement In-kind Books and Tshirt	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	89.95
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code
Wilmette IL 60091

Purpose of Disbursement
In-kind - Polo Shirt

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.12719
Date of Disbursement

10 / 25 / 2009

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

25.00

TOTAL This Period (last page this line number only)

9864.66