

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

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

FOR LINE NUMBER: PAGE 52 OF 213

(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. Gracy, Bernard, E., , Jr.

Mailing Address 259 Farley Rd

City
HollisState
NHZip Code
03049-5920FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Agero

Occupation (for Individual)

Chief Digital Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2018

Transaction ID : SA11AI.79525

Amount of Each Receipt this Period

10.00

☐ Memo Item
Contribution

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

B. Grant, Randall, , ,

Mailing Address 7040 Sugar Creek Cir

City

Colorado Springs

State

CO

Zip Code

80911-9693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Parkview Medical Center

Occupation (for Individual)

Training Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2018

Transaction ID : SA11AI.79531

Amount of Each Receipt this Period

30.00

☐ Memo Item
Contribution

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

C. Gray, James, P., ,

Mailing Address 2531 Crestview Dr

City

Newport Beach

State

CA

Zip Code

92663-5624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2018

Transaction ID : SA11AI.79537

Amount of Each Receipt this Period

35.00

☐ Memo Item
Contribution

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

75.00

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