

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

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

FOR LINE NUMBER: PAGE 43 OF 142

(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. Jaquish, Jeannette, R., Mrs.,

Mailing Address 1423 Louisedale Dr

City

Fort Wayne

State

IN

Zip Code

46808-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
playwright

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.27

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2020

Transaction ID : SA11Al.16253

Amount of Each Receipt this Period

2.67

☐ Memo Item
Contribution

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

B. Johnson, Matt, , ,

Mailing Address 1420 Via Coronel

City

Palos Verdes Estates

State

CA

Zip Code

90274-1940

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : SA11Al.16288

Amount of Each Receipt this Period

5.00

☐ Memo Item
Contribution

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

C. Kaiafas, Demetrios, , Dr.,

Mailing Address 1202 Palm View Ave

City

Belleair

State

FL

Zip Code

33756-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
learwater Pain ManagementOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : SA11Al.16340

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

107.67

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