

# **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)

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☒ 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. 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2017

**Transaction ID : SA11AI.49775**

Amount of Each Receipt this Period

30.00

☐ Memo Item  
Contribution

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

**B. 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 ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2017

**Transaction ID : SA11AI.49781**

Amount of Each Receipt this Period

35.00

☐ 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 ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : SA11AI.49782**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

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

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

1065.00