

# **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. Garland, Clyde, L., Mr.,**

Mailing Address 3100 Rolling Glen Dr

City  
Bryan

State  
TX

Zip Code  
77807-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2017

**Transaction ID : SA11AI.10550**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

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

**B. Gillotte, Joseph, P., ,**

Mailing Address 8220 David Hwy

City  
Lyons

State  
MI

Zip Code  
48851-9755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Presort Services, Inc.

Occupation (for Individual)  
Bus. Owner

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  
02 / 01 / 2017

**Transaction ID : SA11AI.10609**

Amount of Each Receipt this Period

150.00

☐ 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)  
Information Requested

Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2017

**Transaction ID : SA11AI.10676**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

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

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

900.00