

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. Graham, John, D., ,

Mailing Address 302 N Margaret St

City
Georgetown

State
DE

Zip Code
19947-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aloft AeroArchitects

Occupation (for Individual)
Design Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2018

Transaction ID : SA11AI.85957

Amount of Each Receipt this Period

25.00

☐ 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2018

Transaction ID : SA11AI.85962

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2018

Transaction ID : SA11AI.85966

Amount of Each Receipt this Period

35.00

☐ Memo Item
Contribution

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

90.00

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