

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Libertarian Party of Illinois

ADDRESS (number and street) c/o Jan Stover
515 W Main
 Check if different than previously reported. (ACC)
Greenville IL 62246

2. **FEC IDENTIFICATION NUMBER** C00315713
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Debra J. Aaron

Signature of Treasurer Electronically Filed by Debra J. Aaron Date 10 12 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Libertarian Party of Illinois

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">1112.45</td></tr></table>	1112.45
Y	Y	Y	Y									
2	0	0	6									
1112.45												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">3579.19</td></tr></table>	3579.19										
3579.19												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">18725.15</td></tr></table>	18725.15	<table border="1" style="width: 100%;"><tr><td align="right">35000.80</td></tr></table>	35000.80								
18725.15												
35000.80												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">22304.34</td></tr></table>	22304.34	<table border="1" style="width: 100%;"><tr><td align="right">36113.25</td></tr></table>	36113.25								
22304.34												
36113.25												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">15479.95</td></tr></table>	15479.95	<table border="1" style="width: 100%;"><tr><td align="right">29288.86</td></tr></table>	29288.86								
15479.95												
29288.86												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">6824.39</td></tr></table>	6824.39	<table border="1" style="width: 100%;"><tr><td align="right">6824.39</td></tr></table>	6824.39								
6824.39												
6824.39												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">3796.87</td></tr></table>	3796.87										
3796.87												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Libertarian Party of Illinois

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12076.33	16451.33
(i) Itemized (use Schedule A)	5731.85	13101.25
(ii) Unitemized	17808.18	29552.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	916.97	4814.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18725.15	34366.80
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	350.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	284.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18725.15	35000.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18725.15	35000.80

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	682.13	1182.13
(b) Other Federal Operating Expenditures.....	14797.82	28106.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15479.95	29288.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15479.95	29288.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14797.82	28106.73

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18725.15	34366.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18725.15	34366.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14797.82	28106.73
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14797.82	28106.73

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Debra J. Aaron

Mailing Address 1250 W Van Buren

City State Zip Code
Chicago IL 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Atlantic Trust Occupation Purchasing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: SA11A1.10471

Amount of Each Receipt this Period
139.00

Convention

B. Full Name (Last, First, Middle Initial)
Debra J. Aaron

Mailing Address 1250 W Van Buren

City State Zip Code
Chicago IL 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Atlantic Trust Occupation Purchasing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 284.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2006

Transaction ID: SA11A1.10620

Amount of Each Receipt this Period
10.00

Donation

C. Full Name (Last, First, Middle Initial)
Debra J. Aaron

Mailing Address 1250 W Van Buren

City State Zip Code
Chicago IL 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Atlantic Trust Occupation Purchasing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 289.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2006

Transaction ID: SA11A1.10672

Amount of Each Receipt this Period
5.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	154.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Debra J. Aaron Mailing Address 1250 W Van Buren City Chicago State IL Zip Code 60607 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006 Transaction ID: SA11A1.10773 Amount of Each Receipt this Period 20.00 In-kind - Cookbooks
Name of Employer Atlantic Trust Occupation Purchasing Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 309.00		

B. Full Name (Last, First, Middle Initial) Debra J. Aaron Mailing Address 1250 W Van Buren City Chicago State IL Zip Code 60607 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006 Transaction ID: SA11A1.10797 Amount of Each Receipt this Period 15.00 In-kind - Perfume
Name of Employer Atlantic Trust Occupation Purchasing Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 324.00		

C. Full Name (Last, First, Middle Initial) Debra J. Aaron Mailing Address 1250 W Van Buren City Chicago State IL Zip Code 60607 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 Transaction ID: SA11A1.10586 Amount of Each Receipt this Period 17.00 Donation
Name of Employer Atlantic Trust Occupation Purchasing Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 341.00		

SUBTOTAL of Receipts This Page (optional)	52.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Diane Carol Bast		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 124 900 E Wilmette Rd		Transaction ID: SA11A1.10571	
City Palatine State IL Zip Code 60067		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Donation	
Name of Employer Heartland Institute Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Joe Bast		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address Apt 124 900 E Wilmette Rd		Transaction ID: SA11A1.10662	
City Palatine State IL Zip Code 60067		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Donation	
Name of Employer Heartland Institute Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.00	

C. Full Name (Last, First, Middle Initial) Mr. Joe Bast		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006	
Mailing Address Apt 124 900 E Wilmette Rd		Transaction ID: SA11A1.10721	
City Palatine State IL Zip Code 60067		Amount of Each Receipt this Period 51.70	
FEC ID number of contributing federal political committee. C		In-kind - Books	
Name of Employer Heartland Institute Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 269.70	

SUBTOTAL of Receipts This Page (optional) ▶	571.70
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Mr. Joe Bast		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2006	
Mailing Address Apt 124 900 E Wilmette Rd		Transaction ID: SA11A1.10723	
City Palatine State IL Zip Code 60067		Amount of Each Receipt this Period 51.70	
FEC ID number of contributing federal political committee. C		In-kind - Books	
Name of Employer Heartland Institute Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 321.40	

Full Name (Last, First, Middle Initial) B. Mr. Joe Bast		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2006	
Mailing Address Apt 124 900 E Wilmette Rd		Transaction ID: SA11A1.10753	
City Palatine State IL Zip Code 60067		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		In-kind - Benefit Dinner (2) coupons	
Name of Employer Heartland Institute Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 721.40	

Full Name (Last, First, Middle Initial) C. Mr. Joe Bast		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2006	
Mailing Address Apt 124 900 E Wilmette Rd		Transaction ID: SA11A1.10579	
City Palatine State IL Zip Code 60067		Amount of Each Receipt this Period 37.00	
FEC ID number of contributing federal political committee. C		Donation	
Name of Employer Heartland Institute Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 758.40	

SUBTOTAL of Receipts This Page (optional) ▶	488.70
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
John E. Bourke

Mailing Address 1208 N.E. Monroe

City Peoria State IL Zip Code 61603

FEC ID number of contributing federal political committee. **C**

Name of Employer Hampton Distributors Occupation Kitchen Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt
09 / 15 / 2006

Transaction ID: SA11A1.10661

Amount of Each Receipt this Period
20.00

Donation

B. Full Name (Last, First, Middle Initial)
Damon Dillon

Mailing Address 10534 Antioch Rd

City Tremont State IL Zip Code 61568

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Given Occupation Not Given

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
07 / 18 / 2006

Transaction ID: SA11A1.10358

Amount of Each Receipt this Period
55.00

Donation

C. Full Name (Last, First, Middle Initial)
Damon Dillon

Mailing Address 10534 Antioch Rd

City Tremont State IL Zip Code 61568

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Given Occupation Not Given

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
08 / 21 / 2006

Transaction ID: SA11A1.10532

Amount of Each Receipt this Period
20.00

Donation

SUBTOTAL of Receipts This Page (optional)	95.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 10534 Antioch Rd		Transaction ID: SA11A1.10564	
City State Zip Code Tremont IL 61568		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Donation	
Name of Employer Not Given Occupation Not Given			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2006	
Mailing Address 10534 Antioch Rd		Transaction ID: SA11A1.10702	
City State Zip Code Tremont IL 61568		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Donation	
Name of Employer Not Given Occupation Not Given			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	

C. Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2006	
Mailing Address 10534 Antioch Rd		Transaction ID: SA11A1.10763	
City State Zip Code Tremont IL 61568		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		In-kind - Cookie Tray	
Name of Employer Not Given Occupation Not Given			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Damon Dillon

Mailing Address 10534 Antioch Rd

City State Zip Code
Tremont IL 61568

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Given Occupation Not Given

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
09 / 17 / 2006

Transaction ID: SA11A1.10791

Amount of Each Receipt this Period
5.00

In-kind - Cookie Tray

B. Full Name (Last, First, Middle Initial)
Ms. Julia A. Fox

Mailing Address 8976 33rd Avenue

City State Zip Code
Kenosha WI 53142

FEC ID number of contributing federal political committee. **C**

Name of Employer Bell Flavors & Fragrances Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
07 / 25 / 2006

Transaction ID: SA11A1.10398

Amount of Each Receipt this Period
25.00

Donation

C. Full Name (Last, First, Middle Initial)
Ms. Julia A. Fox

Mailing Address 8976 33rd Avenue

City State Zip Code
Kenosha WI 53142

FEC ID number of contributing federal political committee. **C**

Name of Employer Bell Flavors & Fragrances Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
08 / 23 / 2006

Transaction ID: SA11A1.10460

Amount of Each Receipt this Period
25.00

Donation

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Ms. Julia A. Fox

Mailing Address 8976 33rd Avenue

City State Zip Code
Kenosha WI 53142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bell Flavors & Fragrances Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2006

Transaction ID: SA11A1.10463

Amount of Each Receipt this Period
25.00

Donation

B. Full Name (Last, First, Middle Initial)
Ms. Julia A. Fox

Mailing Address 8976 33rd Avenue

City State Zip Code
Kenosha WI 53142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bell Flavors & Fragrances Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: SA11A1.10570

Amount of Each Receipt this Period
100.00

Donation

C. Full Name (Last, First, Middle Initial)
Ms. Julia A. Fox

Mailing Address 8976 33rd Avenue

City State Zip Code
Kenosha WI 53142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bell Flavors & Fragrances Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2006

Transaction ID: SA11A1.10647

Amount of Each Receipt this Period
25.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Fox Valley Libertarians

Mailing Address 507 S. Seventh St.

City State Zip Code
West Dundee IL 60118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2006

Transaction ID: SA11A1.10512

Amount of Each Receipt this Period
500.00

Convention

B. Full Name (Last, First, Middle Initial)
Mr. James R. Haring

Mailing Address 738 West Schubert Avenue

City State Zip Code
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed financial advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2006

Transaction ID: SA11A1.10628

Amount of Each Receipt this Period
25.00

Donation

C. Full Name (Last, First, Middle Initial)
Mr. John C. Huwe

Mailing Address 8527 Bunting Ct.

City State Zip Code
Machesney Park IL 61115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Inser International Cost Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2006

Transaction ID: SA11A1.10644

Amount of Each Receipt this Period
25.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Inc. Nutritionist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2006

Transaction ID: SA11A1.10383

Amount of Each Receipt this Period
10.00

Donation

B. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Inc. Nutritionist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: SA11A1.10412

Amount of Each Receipt this Period
15.00

Donation

C. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Inc. Nutritionist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2006

Transaction ID: SA11A1.10444

Amount of Each Receipt this Period
10.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	35.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Jeff Jones		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 406 N. 5th Street		Transaction ID: SA11A1.10525	
City Vandalia	State IL	Zip Code 62471	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		Donation	
Name of Employer Sunshine Health Inc.	Occupation Nutritionist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00		

Full Name (Last, First, Middle Initial) B. Jeff Jones		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 406 N. 5th Street		Transaction ID: SA11A1.10651	
City Vandalia	State IL	Zip Code 62471	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Donation	
Name of Employer Sunshine Health Inc.	Occupation Nutritionist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) C. Jeff Jones		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 406 N. 5th Street		Transaction ID: SA11A1.10677	
City Vandalia	State IL	Zip Code 62471	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Donation	
Name of Employer Sunshine Health Inc.	Occupation Nutritionist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00		

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Inc. Nutritionist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: SA11A1.10678

Amount of Each Receipt this Period
50.00

Donation

B. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Inc. Nutritionist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2006

Transaction ID: SA11A1.10632

Amount of Each Receipt this Period
10.00

Donation

C. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Inc. Nutritionist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
435.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2006

Transaction ID: SA11A1.10671

Amount of Each Receipt this Period
5.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Inc. Nutritionist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2006

Transaction ID: SA11A1.10679

Amount of Each Receipt this Period
46.00

Donation

B. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Inc. Nutritionist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
531.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2006

Transaction ID: SA11A1.10680

Amount of Each Receipt this Period
50.00

Donation

C. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Inc. Nutritionist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
581.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2006

Transaction ID: SA11A1.10681

Amount of Each Receipt this Period
50.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	146.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Jeff Jones		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006
Mailing Address 406 N. 5th Street		Transaction ID: SA11A1.10787
City State Zip Code Vandalia IL 62471	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		In-kind - Basket of Chocolate Bars
Name of Employer Sunshine Health Inc.	Occupation Nutritionist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 606.00	

Full Name (Last, First, Middle Initial) B. Jeff Jones		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 406 N. 5th Street		Transaction ID: SA11A1.10584
City State Zip Code Vandalia IL 62471	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Sunshine Health Inc.	Occupation Nutritionist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 621.00	

Full Name (Last, First, Middle Initial) C. Crystal Jurczynski		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006
Mailing Address 895 Winchester Ct.		Transaction ID: SA11A1.10665
City State Zip Code Carol Stream IL 60188	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Crystal Point Consulting	Occupation Website Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

SUBTOTAL of Receipts This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Crystal Jurczynski		Date of Receipt MM / DD / YYYY 09 / 16 / 2006
Mailing Address 895 Winchester Ct.		Transaction ID: SA11A1.10697
City Carol Stream	State IL	Zip Code 60188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer Crystal Point Consulting	Occupation Website Architect	Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. Crystal Jurczynski		Date of Receipt MM / DD / YYYY 09 / 17 / 2006
Mailing Address 895 Winchester Ct.		Transaction ID: SA11A1.10735
City Carol Stream	State IL	Zip Code 60188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.00
Name of Employer Crystal Point Consulting	Occupation Website Architect	In-kind - DreamQuest Game
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.00	

Full Name (Last, First, Middle Initial) C. Crystal Jurczynski		Date of Receipt MM / DD / YYYY 09 / 17 / 2006
Mailing Address 895 Winchester Ct.		Transaction ID: SA11A1.10759
City Carol Stream	State IL	Zip Code 60188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer Crystal Point Consulting	Occupation Website Architect	In-kind - Framed Constitu- tion
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00	

SUBTOTAL of Receipts This Page (optional)	▶	192.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Crystal Jurczynski		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 895 Winchester Ct.		Transaction ID: SA11A1.10643
City State Zip Code Carol Stream IL 60188	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer Crystal Point Consulting	Occupation Website Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.00	

Full Name (Last, First, Middle Initial) B. Mr. David Kaufman		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 310 West Wayne Place		Transaction ID: SA11A1.10583
City State Zip Code Wheeling IL 60090	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer Howard Simon & Assoc.	Occupation pension plan administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 899.00	

Full Name (Last, First, Middle Initial) C. David Kelley		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 3456 Dallas Rd.		Transaction ID: SA11A1.10575
City State Zip Code Rockford IL 61109	Amount of Each Receipt this Period 32.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer P-G Design Build	Occupation Construction Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional) ▶	142.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Katherine M Kelley		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006
Mailing Address 3456 Dallas Rd		Transaction ID: SA11A1.10389
City State Zip Code Rockford IL 61109	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer Occupation Kitzman Accountant	Aggregate Year-to-Date ▼ 525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Katherine M Kelley		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2006
Mailing Address 3456 Dallas Rd		Transaction ID: SA11A1.10451
City State Zip Code Rockford IL 61109	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer Occupation Kitzman Accountant	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Katherine M Kelley		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 3456 Dallas Rd		Transaction ID: SA11A1.10640
City State Zip Code Rockford IL 61109	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer Occupation Kitzman Accountant	Aggregate Year-to-Date ▼ 675.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
LPC
Mailing Address P.O. Box 1746
City State Zip Code
Chicago IL 60690
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006
Transaction ID: SA11A1.10567
Amount of Each Receipt this Period
100.00
Convention

B. Full Name (Last, First, Middle Initial)
LPC
Mailing Address P.O. Box 1746
City State Zip Code
Chicago IL 60690
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
620.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2006
Transaction ID: SA11A1.10718
Amount of Each Receipt this Period
20.00
In-kind - Book

C. Full Name (Last, First, Middle Initial)
LPC
Mailing Address P.O. Box 1746
City State Zip Code
Chicago IL 60690
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
720.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006
Transaction ID: SA11A1.10588
Amount of Each Receipt this Period
100.00
Donation

SUBTOTAL of Receipts This Page (optional) ► **220.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
M.E.L.
Mailing Address 515 W. Main Street
City Greenville State IL Zip Code 62246
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2006
Transaction ID: SA11A1.10513
Amount of Each Receipt this Period
100.00
Convention

B. Full Name (Last, First, Middle Initial)
M.E.L.
Mailing Address 515 W. Main Street
City Greenville State IL Zip Code 62246
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2006
Transaction ID: SA11A1.10757
Amount of Each Receipt this Period
50.00
In-kind - Liberty Gift Basket

C. Full Name (Last, First, Middle Initial)
Edward S Mann
Mailing Address 837 Park Plaine Ave
City Park Ridge State IL Zip Code 60068
FEC ID number of contributing federal political committee. **C**
Name of Employer NBC (WMAQ-TV) Occupation broadcasting engineer
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2006
Transaction ID: SA11A1.10375
Amount of Each Receipt this Period
50.00
Donation

SUBTOTAL of Receipts This Page (optional) ▶ 200.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Edward S Mann

Mailing Address 837 Park Plaine Ave

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NBC (WMAQ-TV) broadcasting engineer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2006

Transaction ID: SA11A1.10439

Amount of Each Receipt this Period
50.00

Donation

B. Full Name (Last, First, Middle Initial)
Edward S Mann

Mailing Address 837 Park Plaine Ave

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NBC (WMAQ-TV) broadcasting engineer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: SA11A1.10624

Amount of Each Receipt this Period
50.00

Donation

C. Full Name (Last, First, Middle Initial)
Deborah Matheny

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Secretary

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 235.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2006

Transaction ID: SA11A1.10382

Amount of Each Receipt this Period
25.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Deborah Matheny

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2006

Transaction ID: SA11A1.10443

Amount of Each Receipt this Period
25.00

Donation

B. Full Name (Last, First, Middle Initial)
Deborah Matheny

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2006

Transaction ID: SA11A1.10631

Amount of Each Receipt this Period
25.00

Donation

C. Full Name (Last, First, Middle Initial)
Deborah Matheny

Mailing Address 406 N. 5th Street

City State Zip Code
Vandalia IL 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sunshine Health Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2006

Transaction ID: SA11A1.10701

Amount of Each Receipt this Period
20.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Nancy McCoy Mailing Address 41 Grandview City Collinsville State IL Zip Code 62234 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006 Transaction ID: SA11A1.10673 Amount of Each Receipt this Period 43.00 Donation
Name of Employer: Charter Media Occupation: Production Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 241.00		

B. Full Name (Last, First, Middle Initial) Kenton C. McMillen Mailing Address 1409 N. 15th Avenue City Melrose Park State IL Zip Code 60160 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006 Transaction ID: SA11A1.10353 Amount of Each Receipt this Period 124.00 Convention
Name of Employer: Mayer Brown Occupation: paralegal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 424.00		

C. Full Name (Last, First, Middle Initial) Kenton C. McMillen Mailing Address 1409 N. 15th Avenue City Melrose Park State IL Zip Code 60160 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 Transaction ID: SA11A1.10569 Amount of Each Receipt this Period 50.00 Donation
Name of Employer: Mayer Brown Occupation: paralegal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 474.00		

SUBTOTAL of Receipts This Page (optional)	217.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Ms. Audrey Nelson

Mailing Address 519 North Rockford Avenue

City State Zip Code
Rockford IL 61107

FEC ID number of contributing federal political committee. **C**

Name of Employer IL State toll Occupation
toll Collector

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2006

Transaction ID: SA11A1.10377

Amount of Each Receipt this Period
25.00

Donation

B. Full Name (Last, First, Middle Initial)
Ms. Audrey Nelson

Mailing Address 519 North Rockford Avenue

City State Zip Code
Rockford IL 61107

FEC ID number of contributing federal political committee. **C**

Name of Employer IL State toll Occupation
toll Collector

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2006

Transaction ID: SA11A1.10441

Amount of Each Receipt this Period
25.00

Donation

C. Full Name (Last, First, Middle Initial)
Ms. Audrey Nelson

Mailing Address 519 North Rockford Avenue

City State Zip Code
Rockford IL 61107

FEC ID number of contributing federal political committee. **C**

Name of Employer IL State toll Occupation
toll Collector

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
564.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2006

Transaction ID: SA11A1.10600

Amount of Each Receipt this Period
114.00

Convention

SUBTOTAL of Receipts This Page (optional)	▶	164.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Ms. Audrey Nelson

Mailing Address 519 North Rockford Avenue

City State Zip Code
Rockford IL 61107

FEC ID number of contributing federal political committee. **C**

Name of Employer IL State toll Occupation toll Collector

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
589.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: SA11A1.10626

Amount of Each Receipt this Period
25.00

Donation

B. Full Name (Last, First, Middle Initial)
Mr. Daniel O'Connell

Mailing Address 3331 E Fifth Rd

City State Zip Code
LaSalle IL 61301-9606

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
699.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2006

Transaction ID: SA11A1.10348

Amount of Each Receipt this Period
99.00

Convention

C. Full Name (Last, First, Middle Initial)
Mr. Daniel O'Connell

Mailing Address 3331 E Fifth Rd

City State Zip Code
LaSalle IL 61301-9606

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: SA11A1.10523

Amount of Each Receipt this Period
50.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	174.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
Wonder Lake IL 60097

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
09 / 19 / 2006

Transaction ID: SA11A1.10609

Amount of Each Receipt this Period
228.00

Convention

B. Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
Wonder Lake IL 60097

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1439.00

Date of Receipt
09 / 22 / 2006

Transaction ID: SA11A1.10618

Amount of Each Receipt this Period
1211.00

Donation

C. Full Name (Last, First, Middle Initial)
Ken Prazak

Mailing Address 315 Barrington Ave.

City State Zip Code
East Dundee IL 60118

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation painter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
07 / 25 / 2006

Transaction ID: SA11A1.10400

Amount of Each Receipt this Period
50.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	1489.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth J. Prazak

Mailing Address 8827 Ogden Avenue

City State Zip Code
Brookfield IL 60513

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Painter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: SA11A1.10654

Amount of Each Receipt this Period
228.00

Convention

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth J. Prazak

Mailing Address 8827 Ogden Avenue

City State Zip Code
Brookfield IL 60513

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Painter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
253.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: SA11A1.10664

Amount of Each Receipt this Period
25.00

Donation

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth J. Prazak

Mailing Address 8827 Ogden Avenue

City State Zip Code
Brookfield IL 60513

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Painter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
298.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2006

Transaction ID: SA11A1.10674

Amount of Each Receipt this Period
45.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	298.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth J. Prazak

Mailing Address 8827 Ogden Avenue

City State Zip Code
Brookfield IL 60513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Painter

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 323.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2006

Transaction ID: SA11A1.10717

Amount of Each Receipt this Period
25.00

Donation

B. Full Name (Last, First, Middle Initial)
Daniel Robin

Mailing Address 121 S. Wilke Road

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Daniel K. Robin LTD Lawyer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 278.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2006

Transaction ID: SA11A1.10421

Amount of Each Receipt this Period
278.00

Convention

C. Full Name (Last, First, Middle Initial)
Daniel Robin

Mailing Address 121 S. Wilke Road

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Daniel K. Robin LTD Lawyer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 283.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: SA11A1.10663

Amount of Each Receipt this Period
5.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	308.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Daniel Robin

Mailing Address 121 S. Wilke Road

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Daniel K. Robin LTD Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 363.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2006

Transaction ID: SA11A1.10700

Amount of Each Receipt this Period
80.00

Donation

B. Full Name (Last, First, Middle Initial)
Daniel Robin

Mailing Address 121 S. Wilke Road

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer Daniel K. Robin LTD Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 463.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2006

Transaction ID: SA11A1.10713

Amount of Each Receipt this Period
100.00

Donation

C. Full Name (Last, First, Middle Initial)
Susan L. Schell

Mailing Address 135 Wildwood Rd.

City State Zip Code
Elk Grove Village IL 60007

FEC ID number of contributing federal political committee. **C**

Name of Employer Unknown Occupation Unknown

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2006

Transaction ID: SA11A1.10350

Amount of Each Receipt this Period
99.00

Convention

SUBTOTAL of Receipts This Page (optional)	▶	279.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Susan L. Schell

Mailing Address 135 Wildwood Rd.

City Elk Grove Village State IL Zip Code 60007

FEC ID number of contributing federal political committee. **C**

Name of Employer Unknown Occupation Unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
899.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	6

Transaction ID: SA11A1.10572

Amount of Each Receipt this Period
500.00

Donation

B. Full Name (Last, First, Middle Initial)
Walter Simons

Mailing Address 519 Normandy Lane

City Barrington State IL Zip Code 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
790.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	0	6

Transaction ID: SA11A1.10341

Amount of Each Receipt this Period
600.00

Convention

C. Full Name (Last, First, Middle Initial)
Walter Simons

Mailing Address 519 Normandy Lane

City Barrington State IL Zip Code 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
939.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	6

Transaction ID: SA11A1.10395

Amount of Each Receipt this Period
149.00

Convention

SUBTOTAL of Receipts This Page (optional)	▶	1249.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Walter Simons		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 519 Normandy Lane		Transaction ID: SA11A1.10402
City State Zip Code Barrington IL 60010	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer None Occupation retired	Aggregate Year-to-Date ▼ 964.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Walter Simons		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2006
Mailing Address 519 Normandy Lane		Transaction ID: SA11A1.10466
City State Zip Code Barrington IL 60010	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer None Occupation retired	Aggregate Year-to-Date ▼ 989.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Walter Simons		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006
Mailing Address 519 Normandy Lane		Transaction ID: SA11A1.10692
City State Zip Code Barrington IL 60010	Amount of Each Receipt this Period 115.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer None Occupation retired	Aggregate Year-to-Date ▼ 1104.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	165.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Walter Simons		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 519 Normandy Lane		Transaction ID: SA11A1.10637
City State Zip Code Barrington IL 60010	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer Occupation None retired	Aggregate Year-to-Date ▼ 1204.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Pamela Sodaro		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 11N191 Capulet Circle		Transaction ID: SA11A1.10576
City State Zip Code Elgin IL 60124	Amount of Each Receipt this Period 360.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer Occupation H&R Block District Manager	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Aimee Steele		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006
Mailing Address 306 Brown		Transaction ID: SA11A1.10749
City State Zip Code Carterville IL 62918	Amount of Each Receipt this Period 19.95	
FEC ID number of contributing federal political committee. C	In-kind - Muffin Mix	
Name of Employer Occupation Jackson Hewitt Retail Manager	Aggregate Year-to-Date ▼ 201.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	479.95
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Aimee Steele		Date of Receipt MM / DD / YYYY 09 / 17 / 2006
Mailing Address 306 Brown		Transaction ID: SA11A1.10765
City Carterville	State IL	Zip Code 62918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Jackson Hewitt	Occupation Retail Manager	In-kind - Tshirt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.80	

Full Name (Last, First, Middle Initial) B. Aimee Steele		Date of Receipt MM / DD / YYYY 09 / 17 / 2006
Mailing Address 306 Brown		Transaction ID: SA11A1.10771
City Carterville	State IL	Zip Code 62918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.99
Name of Employer Jackson Hewitt	Occupation Retail Manager	In-kind - Cookbooks
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.79	

Full Name (Last, First, Middle Initial) C. Aimee Steele		Date of Receipt MM / DD / YYYY 09 / 17 / 2006
Mailing Address 306 Brown		Transaction ID: SA11A1.10785
City Carterville	State IL	Zip Code 62918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.99
Name of Employer Jackson Hewitt	Occupation Retail Manager	In-kind - Cookbook
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.78	

SUBTOTAL of Receipts This Page (optional)	52.98
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Aimee Steele		Date of Receipt MM / DD / YYYY 09 / 17 / 2006
Mailing Address 306 Brown		Transaction ID: SA11A1.10801
City Carterville	State IL	Zip Code 62918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Jackson Hewitt	Occupation Retail Manager	In-kind - Baking Stone
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.78	

Full Name (Last, First, Middle Initial) B. Aimee Steele		Date of Receipt MM / DD / YYYY 09 / 19 / 2006
Mailing Address 306 Brown		Transaction ID: SA11A1.10568
City Carterville	State IL	Zip Code 62918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 102.00
Name of Employer Jackson Hewitt	Occupation Retail Manager	Convention
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.78	

Full Name (Last, First, Middle Initial) C. Aimee Steele		Date of Receipt MM / DD / YYYY 09 / 24 / 2006
Mailing Address 306 Brown		Transaction ID: SA11A1.10646
City Carterville	State IL	Zip Code 62918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Jackson Hewitt	Occupation Retail Manager	Donation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.78	

SUBTOTAL of Receipts This Page (optional)	▶	122.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Walter Steele		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2006
Mailing Address 308 Brown		Transaction ID: SA11A1.10622
City State Zip Code Carterville IL 62918	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Alltel Communications	Occupation Alltel Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Walter Steele		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006
Mailing Address 308 Brown		Transaction ID: SA11A1.10596
City State Zip Code Carterville IL 62918	Amount of Each Receipt this Period 173.00	
FEC ID number of contributing federal political committee. C		Convention
Name of Employer Alltel Communications	Occupation Alltel Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.00	

Full Name (Last, First, Middle Initial) C. Walter Steele		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006
Mailing Address 308 Brown		Transaction ID: SA11A1.10597
City State Zip Code Carterville IL 62918	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Convention
Name of Employer Alltel Communications	Occupation Alltel Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 593.00	

SUBTOTAL of Receipts This Page (optional)	393.00
TOTAL This Period (last page this line number only)	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Walter Steele

Mailing Address 308 Brown

City State Zip Code
Carterville IL 62918

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Alltel Communications Alltel Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 603.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2006

Transaction ID: SA11A1.10767

Amount of Each Receipt this Period
10.00

In-kind - Certificate Double S signs

B. Full Name (Last, First, Middle Initial)
Mr. William J. Stephens

Mailing Address Unit G
2042 Berkshire Circle

City State Zip Code
Carpentersville IL 60110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ITT Industries Production Planner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2006

Transaction ID: SA11A1.10599

Amount of Each Receipt this Period
114.00

Convention

C. Full Name (Last, First, Middle Initial)
Mr. William J. Stephens

Mailing Address Unit G
2042 Berkshire Circle

City State Zip Code
Carpentersville IL 60110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ITT Industries Production Planner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 339.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2006

Transaction ID: SA11A1.10625

Amount of Each Receipt this Period
25.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	149.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Mr. William J. Stephens		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address Unit G 2042 Berkshire Circle		Transaction ID: SA11A1.10578
City State Zip Code Carpentersville IL 60110	Amount of Each Receipt this Period 220.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer ITT Industries	Occupation Production Planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 559.00	

B. Full Name (Last, First, Middle Initial) Mr. William J. Stephens		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address Unit G 2042 Berkshire Circle		Transaction ID: SA11A1.10581
City State Zip Code Carpentersville IL 60110	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer ITT Industries	Occupation Production Planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.00	

C. Full Name (Last, First, Middle Initial) Mark Stockfisch		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address 7115 North Avenue #319		Transaction ID: SA11A1.10381
City State Zip Code Oak Park IL 60302	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Quantum Data Inc	Occupation Electrical Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	285.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Mark Stockfisch		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006
Mailing Address 7115 North Avenue #319		Transaction ID: SA11A1.10428
City State Zip Code Oak Park IL 60302	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Quantum Data Inc	Occupation Electrical Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Mark Stockfisch		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 7115 North Avenue #319		Transaction ID: SA11A1.10629
City State Zip Code Oak Park IL 60302	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Quantum Data Inc	Occupation Electrical Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Christopher Stoll		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006
Mailing Address 923 Quince Lane		Transaction ID: SA11A1.10388
City State Zip Code Mt. Prospect IL 60056	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Allstate Insurance Company	Occupation Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	

SUBTOTAL of Receipts This Page (optional) ▶	110.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Christopher Stoll		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006
Mailing Address 923 Quince Lane		Transaction ID: SA11A1.10465
City State Zip Code Mt. Prospect IL 60056	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Convention	
Name of Employer Allstate Insurance Company	Occupation Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

Full Name (Last, First, Middle Initial) B. Christopher Stoll		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 923 Quince Lane		Transaction ID: SA11A1.10635
City State Zip Code Mt. Prospect IL 60056	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer Allstate Insurance Company	Occupation Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00	

Full Name (Last, First, Middle Initial) C. Donald H. Stover		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address 515 W. Main		Transaction ID: SA11A1.10378
City State Zip Code Greenville IL 62246	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer Nevco Scoreboard	Occupation Service Technician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.00	

SUBTOTAL of Receipts This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Donald H. Stover

Mailing Address 515 W. Main

City Greenville State IL Zip Code 62246

FEC ID number of contributing federal political committee. **C**

Name of Employer Nevco Scoreboard Occupation Service Technician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 309.00

Date of Receipt
08 / 15 / 2006

Transaction ID: SA11A1.10442

Amount of Each Receipt this Period
25.00

Donation

B. Full Name (Last, First, Middle Initial)
Donald H. Stover

Mailing Address 515 W. Main

City Greenville State IL Zip Code 62246

FEC ID number of contributing federal political committee. **C**

Name of Employer Nevco Scoreboard Occupation Service Technician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 334.00

Date of Receipt
09 / 15 / 2006

Transaction ID: SA11A1.10627

Amount of Each Receipt this Period
25.00

Donation

C. Full Name (Last, First, Middle Initial)
Jan E. Stover

Mailing Address 515 W. Main St.

City Greenville State IL Zip Code 62246

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation exec dir lpi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
09 / 17 / 2006

Transaction ID: SA11A1.10775

Amount of Each Receipt this Period
5.00

In-kind Books

SUBTOTAL of Receipts This Page (optional) ► 55.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Jan E. Stover

Mailing Address 515 W. Main St.

City Greenville State IL Zip Code 62246

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation exec dir Ipi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
09 / 17 / 2006

Transaction ID: SA11A1.10777

Amount of Each Receipt this Period
5.00

In-kind - Paper Mache Kit

B. Full Name (Last, First, Middle Initial)
Jan E. Stover

Mailing Address 515 W. Main St.

City Greenville State IL Zip Code 62246

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation exec dir Ipi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt
09 / 17 / 2006

Transaction ID: SA11A1.10779

Amount of Each Receipt this Period
3.00

In-kind - Book

C. Full Name (Last, First, Middle Initial)
Jan E. Stover

Mailing Address 515 W. Main St.

City Greenville State IL Zip Code 62246

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation exec dir Ipi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 488.00

Date of Receipt
09 / 17 / 2006

Transaction ID: SA11A1.10789

Amount of Each Receipt this Period
5.00

In-kind - ScrapBook

SUBTOTAL of Receipts This Page (optional) ► 13.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Jan E. Stover

Mailing Address 515 W. Main St.

City State Zip Code
Greenville IL 62246

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
exec dir Ipi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2006

Transaction ID: SA11A1.10803

Amount of Each Receipt this Period
10.00

In-kind - Books (2)

B. Full Name (Last, First, Middle Initial)
Jan E. Stover

Mailing Address 515 W. Main St.

City State Zip Code
Greenville IL 62246

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
exec dir Ipi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 548.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: SA11A1.10587

Amount of Each Receipt this Period
50.00

Donation

C. Full Name (Last, First, Middle Initial)
Ronald C Thomas

Mailing Address 1917 W Chase

City State Zip Code
Chicago IL 60626

FEC ID number of contributing federal political committee. **C**

Name of Employer RW Cooper Inc. Occupation
Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 328.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2006

Transaction ID: SA11A1.10457

Amount of Each Receipt this Period
328.00

Convention

SUBTOTAL of Receipts This Page (optional)	388.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Lynn Tinsely (estate)

Mailing Address 822 Thacker

City State Zip Code
DesPlaines IL 60016

FEC ID number of contributing federal political committee. **C**

Name of Employer Deceased Occupation Deceased

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2006

Transaction ID: SA11A1.10737

Amount of Each Receipt this Period
220.00

In-kind - Campaign Button Collection

B. Full Name (Last, First, Middle Initial)
David Travis

Mailing Address 2841 S. Archer

City State Zip Code
Chicago IL 60608

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Sign Painter

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2006

Transaction ID: SA11A1.10689

Amount of Each Receipt this Period
50.00

Donation

C. Full Name (Last, First, Middle Initial)
David Travis

Mailing Address 2841 S. Archer

City State Zip Code
Chicago IL 60608

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Sign Painter

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2006

Transaction ID: SA11A1.10727

Amount of Each Receipt this Period
100.00

In-kind - 5 Posters

SUBTOTAL of Receipts This Page (optional)	370.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
David Travis

Mailing Address 2841 S. Archer

City State Zip Code
Chicago IL 60608

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Sign Painter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt
09 / 20 / 2006

Transaction ID: SA11A1.10610

Amount of Each Receipt this Period
64.00

Convention

B. Full Name (Last, First, Middle Initial)
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
07 / 13 / 2006

Transaction ID: SA11A1.10373

Amount of Each Receipt this Period
35.00

Donation

C. Full Name (Last, First, Middle Initial)
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 413.00

Date of Receipt
08 / 13 / 2006

Transaction ID: SA11A1.10424

Amount of Each Receipt this Period
35.00

Donation

SUBTOTAL of Receipts This Page (optional) ► 134.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Valiant S. Vetter		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2006	
Mailing Address 2119 Wilmette Avenue		Transaction ID: SA11A1.10617	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Donation		
Name of Employer Chicago Tribune Occupation Systems Administrator	Aggregate Year-to-Date ▼ 663.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Valiant S. Vetter		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2006	
Mailing Address 2119 Wilmette Avenue		Transaction ID: SA11A1.10731	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	In-kind - Poster		
Name of Employer Chicago Tribune Occupation Systems Administrator	Aggregate Year-to-Date ▼ 678.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Valiant S. Vetter		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2006	
Mailing Address 2119 Wilmette Avenue		Transaction ID: SA11A1.10741	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. C	In-kind - Silver Currency		
Name of Employer Chicago Tribune Occupation Systems Administrator	Aggregate Year-to-Date ▼ 818.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	405.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Valiant S. Vetter		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006	
Mailing Address 2119 Wilmette Avenue		Transaction ID: SA11A1.10751	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 275.00		
FEC ID number of contributing federal political committee. C	In-kind - Silver Currency		
Name of Employer Chicago Tribune Occupation Systems Administrator	Aggregate Year-to-Date ▼ 1093.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Valiant S. Vetter		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006	
Mailing Address 2119 Wilmette Avenue		Transaction ID: SA11A1.10755	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	In-kind - Books		
Name of Employer Chicago Tribune Occupation Systems Administrator	Aggregate Year-to-Date ▼ 1123.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Valiant S. Vetter		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2006	
Mailing Address 2119 Wilmette Avenue		Transaction ID: SA11A1.10783	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	In-kind - Speed Reading Program		
Name of Employer Chicago Tribune Occupation Systems Administrator	Aggregate Year-to-Date ▼ 1183.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	365.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Valiant S. Vetter

Mailing Address 2119 Wilmette Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Chicago Tribune Occupation Systems Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1208.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: SA11A1.10585

Amount of Each Receipt this Period
25.00

Donation

B. Full Name (Last, First, Middle Initial)
James C. Waldron

Mailing Address 1505 Georgia Ct. #202

City State Zip Code
Naperville IL 60540

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2006

Transaction ID: SA11A1.10362

Amount of Each Receipt this Period
250.00

Convention

C. Full Name (Last, First, Middle Initial)
James C. Waldron

Mailing Address 1505 Georgia Ct. #202

City State Zip Code
Naperville IL 60540

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2006

Transaction ID: SA11A1.10562

Amount of Each Receipt this Period
50.00

Donation

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 52 / 73	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
James C. Waldron

Mailing Address 1505 Georgia Ct. #202

City State Zip Code
Naperville IL 60540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **620.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	6

Transaction ID: SA11A1.10706

Amount of Each Receipt this Period

25.00

Donation

SUBTOTAL of Receipts This Page (optional)	25.00
TOTAL This Period (last page this line number only)	12076.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 73
(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Libertarian National Committee, Inc.

Mailing Address 2600 Virginia Av NW #100
2600 Virginia Avenue, NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00255695

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4279.30

Date of Receipt
MM / DD / YYYY
07 / 05 / 2006

Transaction ID: SA11B.10493

Amount of Each Receipt this Period
382.05

LNC UMP

B. Full Name (Last, First, Middle Initial)
Libertarian National Committee, Inc.

Mailing Address 2600 Virginia Av NW #100
2600 Virginia Avenue, NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00255695

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4584.97

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: SA11B.10494

Amount of Each Receipt this Period
305.67

LNC UMP

C. Full Name (Last, First, Middle Initial)
Libertarian National Committee, Inc.

Mailing Address 2600 Virginia Av NW #100
2600 Virginia Avenue, NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00255695

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4814.22

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: SA11B.10590

Amount of Each Receipt this Period
229.25

LNC UMP

SUBTOTAL of Receipts This Page (optional)	▶	916.97
TOTAL This Period (last page this line number only)	▶	916.97

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Mr. Joe Bast Full Name (Last, First, Middle Initial) Mailing Address Apt 124 900 E Wilmette Rd City Palatine State IL Zip Code 60067 Purpose of Disbursement In-kind - Benefit Dinner (2) coupons Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.10754 Date of Disbursement 09 / 17 / 2006 Amount of Each Disbursement this Period 400.00 Category/Type
--	--	--

B. Click and Pledge Full Name (Last, First, Middle Initial) Mailing Address 2200 Kraft Drive Suite 1175 City Blacksburg State VA Zip Code 24060 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.10536 Date of Disbursement 08 / 30 / 2006 Amount of Each Disbursement this Period 105.42 Category/Type
---	--	--

C. Click and Pledge Full Name (Last, First, Middle Initial) Mailing Address 2200 Kraft Drive Suite 1175 City Blacksburg State VA Zip Code 24060 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.10810 Date of Disbursement 09 / 30 / 2006 Amount of Each Disbursement this Period 159.73 Category/Type
---	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	665.15
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Thomas DiLorenzo		Transaction ID: SB21B.10559 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address c/o Loyola College in Maryland 4501 N. Charles Street		Amount of Each Disbursement this Period 1844.91
City Baltimore State MD Zip Code 21210		
Purpose of Disbursement Convention - Guest Speaker Fee		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Crystal Jurczynski		Transaction ID: SB21B.10545 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 895 Winchester Ct.		Amount of Each Disbursement this Period 225.74
City Carol Stream State IL Zip Code 60188		
Purpose of Disbursement Reimbursement for convention expenses		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Route 66 Hotel		Transaction ID: SB21B.10561 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 625 E. St. Joseph St.		Amount of Each Disbursement this Period 3619.72
City Springfield State IL Zip Code 62703		
Purpose of Disbursement Convention - Banquet Services		001 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5690.37
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Route 66 Hotel		Transaction ID: SB21B.10558 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 625 E. St. Joseph St.		Amount of Each Disbursement this Period 1528.34	
City Springfield State IL Zip Code 62703	Purpose of Disbursement Convention Deposit - Banquet Facility	001 Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: SB21B.10319 Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2006	
Mailing Address P.O. Box 152046		Amount of Each Disbursement this Period 35.04	
City Irving State TX Zip Code 75015-2046	Purpose of Disbursement 800 phone service	001 Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sprint		Transaction ID: SB21B.10326 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address P.O. Box 152046		Amount of Each Disbursement this Period 34.46	
City Irving State TX Zip Code 75015-2046	Purpose of Disbursement 800 phone service	001 Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1597.84
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Sprint		Transaction ID: SB21B.10517 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address P.O. Box 152046		Amount of Each Disbursement this Period 32.88	
City Irving State TX Zip Code 75015-2046	Purpose of Disbursement 800 phone service Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: SB21B.10547 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	
Mailing Address P.O. Box 152046		Amount of Each Disbursement this Period 36.29	
City Irving State TX Zip Code 75015-2046	Purpose of Disbursement 800 phone service Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jan E. Stover		Transaction ID: SB21B.10321 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 91.00	
City Greenville State IL Zip Code 62246	Purpose of Disbursement Reimbursement for stamps Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	160.17
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Jan E. Stover		Transaction ID: SB21B.10324 Date of Disbursement 07 / 19 / 2006	
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 500.00	
City Greenville State IL Zip Code 62246	Purpose of Disbursement Contractual Fees: Admin Labor Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jan E. Stover		Transaction ID: SB21B.10516 Date of Disbursement 08 / 22 / 2006	
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 731.60	
City Greenville State IL Zip Code 62246	Purpose of Disbursement Contractual Fees: Admin. Labor Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jan E. Stover		Transaction ID: SB21B.10549 Date of Disbursement 09 / 15 / 2006	
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 500.00	
City Greenville State IL Zip Code 62246	Purpose of Disbursement Contractual Fees: Admin. Labor Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1731.60
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Jan E. Stover		Transaction ID: SB21B.10776 Date of Disbursement 09 / 17 / 2006	
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 5.00	
City Greenville State IL Zip Code 62246	Purpose of Disbursement In-kind Books Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jan E. Stover		Transaction ID: SB21B.10778 Date of Disbursement 09 / 17 / 2006	
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 5.00	
City Greenville State IL Zip Code 62246	Purpose of Disbursement In-kind - Paper Mache Kit Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jan E. Stover		Transaction ID: SB21B.10780 Date of Disbursement 09 / 17 / 2006	
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 3.00	
City Greenville State IL Zip Code 62246	Purpose of Disbursement In-kind - Book Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	13.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Jan E. Stover		Transaction ID: SB21B.10790 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 5.00
City Greenville State IL Zip Code 62246	Purpose of Disbursement In-kind - ScrapBook Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Jan E. Stover		Transaction ID: SB21B.10804 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 10.00
City Greenville State IL Zip Code 62246	Purpose of Disbursement In-kind - Books (2) Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Jan E. Stover		Transaction ID: SB21B.10544 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 1310.76
City Greenville State IL Zip Code 62246	Purpose of Disbursement Contractual Fees: Admin. Labor Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1325.76
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Jan E. Stover		Transaction ID: SB21B.10546 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 515 W. Main St.		Amount of Each Disbursement this Period 130.50
City Greenville State IL Zip Code 62246	Purpose of Disbursement Reimbursement for travel/mileage expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Lynn Tinsely (estate)		Transaction ID: SB21B.10740 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 822 Thacker		Amount of Each Disbursement this Period 220.00
City DesPlaines State IL Zip Code 60016	Purpose of Disbursement In-kind - Campaign Button Collection Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) U.S. Dept. of Treasury - FMS		Transaction ID: SB21B.10330 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address Allied Interstate, Inc. PO Box 740064		Amount of Each Disbursement this Period 440.45
City Atlanta State GA Zip Code 30374-0064	Purpose of Disbursement FEC Payment (part of \$1,122.58 payment) Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	790.95
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. U.S. Dept. of Treasury - FMS		Transaction ID: SB21B.10543 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address Allied Interstate, Inc. PO Box 740064		Amount of Each Disbursement this Period 532.91
City Atlanta State GA Zip Code 30374-0064		
Purpose of Disbursement FEC Admn Fine AF 175 - last payment	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Transaction ID: SB21B.10323 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 300 W. Main		Amount of Each Disbursement this Period 234.00
City Greenville State IL Zip Code 62246		
Purpose of Disbursement Stamps for convention mailing	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Transaction ID: SB21B.10515 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 300 W. Main		Amount of Each Disbursement this Period 195.00
City Greenville State IL Zip Code 62246		
Purpose of Disbursement Stamps for mailing	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	961.91
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Transaction ID: SB21B.10551 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 300 W. Main		Amount of Each Disbursement this Period 312.00
City Greenville State IL Zip Code 62246	Purpose of Disbursement Stamps for mailing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement In-kind - Silver Currency Candidate Name		

Full Name (Last, First, Middle Initial) B. Valiant S. Vetter		Transaction ID: SB21B.10752 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 2119 Wilmette Avenue		Amount of Each Disbursement this Period 275.00
City Wilmette State IL Zip Code 60091	Purpose of Disbursement In-kind - Silver Currency Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement In-kind - Books Candidate Name		

Full Name (Last, First, Middle Initial) C. Valiant S. Vetter		Transaction ID: SB21B.10756 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address 2119 Wilmette Avenue		Amount of Each Disbursement this Period 30.00
City Wilmette State IL Zip Code 60091	Purpose of Disbursement In-kind - Books Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement In-kind - Books Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ▶	617.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Valiant S. Vetter		Transaction ID: SB21B.10784 Date of Disbursement 09 / 17 / 2006	
Mailing Address 2119 Wilmette Avenue		Amount of Each Disbursement this Period 60.00	
City Wilmette State IL Zip Code 60091	Purpose of Disbursement In-kind - Speed Reading Program	Category/Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Vonage		Transaction ID: SB21B.10318 Date of Disbursement 07 / 03 / 2006	
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 43.95	
City Holmdel State NJ Zip Code 07733	Purpose of Disbursement Phone bill	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Vonage		Transaction ID: SB21B.10514 Date of Disbursement 08 / 03 / 2006	
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 43.95	
City Holmdel State NJ Zip Code 07733	Purpose of Disbursement Phone bill	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	147.90
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 73

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Vonage

Mailing Address 23 Main Street

City State Zip Code
Holmdel NJ 07733

Purpose of Disbursement
Phone service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.10553

Date of Disbursement

09 / 05 / 2006

Amount of Each Disbursement this Period

47.69

SUBTOTAL of Disbursements This Page (optional) ►

47.69

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

13749.34

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 66 / 73 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Transaction ID: SC/10.9964

LOAN SOURCE Full Name (Last, First, Middle Initial) Jan E. Stover	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 515 W. Main St.	
City Greenville State IL ZIP Code 62246	

Original Amount of Loan <input style="width: 90%;" type="text" value="350.00"/>	Cumulative Payment To Date <input style="width: 90%;" type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input style="width: 90%;" type="text" value="350.00"/>
--	---	--

TERMS

Date Incurred <input style="width: 20px;" type="text" value="02"/> <input style="width: 20px;" type="text" value="10"/> <input style="width: 40px;" type="text" value="2006"/>	Date Due <input style="width: 100px;" type="text"/>	Interest Rate <input style="width: 50px;" type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100px;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100px;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100px;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100px;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 90%;" type="text" value="350.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 90%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 67 / 73 FOR LINE 13 OF FORM 3X
---	--

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Transaction ID: SC/10.9602

LOAN SOURCE Full Name (Last, First, Middle Initial) Valiant S. Vetter	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2119 Wilmette Avenue	
City Wilmette State IL ZIP Code 60091	

Original Amount of Loan <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">448.63</div>	Cumulative Payment To Date <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">448.63</div>
---	--	---

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>1</td><td>1</td></tr> </table>	M	M	1	1	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>2</td><td>0</td></tr> </table>	D	D	2	0	<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>5</td></tr> </table>	Y	Y	Y	Y	2	0	0	5	12/31/2006 <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> % (apr) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
1	1																		
D	D																		
2	0																		
Y	Y	Y	Y																
2	0	0	5																

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTALS This Period This Page (optional) ▶	<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">448.63</div>
TOTALS This Period (last page in this line only) ▶	<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">798.63</div>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fox Valley Libertarians	Nature of Debt (Purpose):
Mailing Address 507 S. Seventh St.	
City State ZIP Code West Dundee IL 60118	

Outstanding Balance Beginning This Period 536.00	Transaction ID: SD10.8575	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 536.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Richard W. Reeves	Nature of Debt (Purpose):
Mailing Address 1416 S. 12th PO Box 1601	
City State ZIP Code Pekin IL 61554	

Outstanding Balance Beginning This Period 66.10	Transaction ID: SD10.8563	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Andrew B. Spiegel	Nature of Debt (Purpose):
Mailing Address 702 Chidester Ave.	
City State ZIP Code Glen Ellyn IL 60137	

Outstanding Balance Beginning This Period 3866.10	Transaction ID: SD10.8568	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3866.10

1) SUBTOTALS This Period This Page (optional).....	▶	4402.10
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 69 / 73
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Jeff Trigg	Nature of Debt (Purpose):
Mailing Address 2808 W War Memorial Drive Suite E	
City State ZIP Code Peoria IL 61615-3469	

Outstanding Balance Beginning This Period 100.55	Transaction ID: SD10.8566	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Dept. of Treasury - FMS	Nature of Debt (Purpose):
Mailing Address Allied Interstate, Inc. PO Box 740064	
City State ZIP Code Atlanta GA 30374-0064	

Outstanding Balance Beginning This Period 682.13	Transaction ID: SD10.8565	
Amount Incurred This Period 0.00	Payment This Period 682.13	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Dept. of Treasury - FMS	Nature of Debt (Purpose):
Mailing Address Allied Interstate, Inc. PO Box 740064	
City State ZIP Code Atlanta GA 30374-0064	

Outstanding Balance Beginning This Period -430.50	Transaction ID: SD10.8569	
Amount Incurred This Period 0.00	Payment This Period 973.36	Outstanding Balance at Close of This Period -1403.86

1) SUBTOTALS This Period This Page (optional).....	▶	-1403.86
2) TOTALS This Period (last page this line number only).....	▶	2998.24
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
U.S. Dept. of Treasury - FMS

Mailing Address
Allied Interstate, Inc. PO Box 740064

City State Zip Code
Atlanta GA 30374-0064

Purpose of Disbursement:
FEC payment (\$1,122.58) bal. addtl loan

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1182.13

Date 07 / 21 / 2006

Transaction ID: H4.10329

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		682.13		682.13

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		682.13		682.13

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		682.13		682.13

Image# 26950542592

Form/Schedule: **F3XN**

Libertarian Party of Illinois has no employees. We have a consultant that we pay for performing administrative work such as: answering and making phone calls; handling correspondence; computer data entry; and contracting and negotiating with vendors.

Transaction ID:

Form/Schedule: **SB21B**

Reimbursement expense for printing charges for convention flyer

Transaction ID: **SB21B.10321**

Image# 26950542593

Form/Schedule: **SB21B** Consultant Fees - not an employee

Transaction ID: **SB21B.10324**

Form/Schedule: **SD10** (Current loan balance of 66.10 has been forgiven)

Transaction ID: **SD10.8563**

Image# 26950542594

Form/Schedule: **SD10** (Current loan balance of 100.55 has been forgiven)

Transaction ID: **SD10.8566**
