

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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 NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. David C. Gustman**

Mailing Address 19670 Beach Rd Apt 614

City

State

Zip Code

Tequesta

FL

33469-2857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	5		

Transaction ID : SA11AI.31981

Amount of Each Receipt this Period

25.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Donna Harmon**

Mailing Address 615 W Riverwood Dr Apt 311

City

State

Zip Code

Oak Creek

WI

53154-8600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	5		

Transaction ID : SA11AI.32019

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

**C. James A. Harris**

Mailing Address 1937 Sponson St

City

State

Zip Code

Baltimore

MD

21230-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Johns Hopkins HealthCare LLC

Medical Records Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	5		

Transaction ID : SA11AI.32021

Amount of Each Receipt this Period

100.00

Contribution

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

175.00