

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

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

FOR LINE NUMBER: PAGE 89 OF 297

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

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

A. Grant, Randall, , ,

Mailing Address 7040 Sugar Creek Cir

City
Colorado Springs

State
CO

Zip Code
80911-9693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parkview Medical Center

Occupation (for Individual)
Training Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2018

Transaction ID : SA11AI.89003

Amount of Each Receipt this Period

30.00

☐ Memo Item
Contribution

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

B. Gray, James, P., ,

Mailing Address 2531 Crestview Dr

City
Newport Beach

State
CA

Zip Code
92663-5624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Best Efforts Info Requested

Occupation (for Individual)
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2018

Transaction ID : SA11AI.89007

Amount of Each Receipt this Period

35.00

☐ Memo Item
Contribution

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

C. Gray, Phil, , ,

Mailing Address PO Box 661

City
Tyler

State
TX

Zip Code
75710-0661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Property Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2018

Transaction ID : SA11AI.89010

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

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

90.00

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