

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 211	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Mark Warner

Full Name (Last, First, Middle Initial) A. Karen Ignagni		Date of Receipt MM / DD / YYYY 12 / 30 / 2011
Mailing Address 3105 Chesapeake St NW		Transaction ID : C4460090
City Washington	State DC	Zip Code 20008-2230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer America's Health Insurance Plans	Occupation President and CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Frank P. Brosens		Date of Receipt MM / DD / YYYY 12 / 08 / 2011
Mailing Address 63 E Field Dr		Transaction ID : C4390380
City Bedford	State NY	Zip Code 10506-1100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Taconic Capital Advisors LLC	Occupation Principal	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. Scott Rechler		Date of Receipt MM / DD / YYYY 11 / 09 / 2011
Mailing Address 58 Hoaglands Ln		Transaction ID : C4369020
City Old Brookville	State NY	Zip Code 11545-2008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer RxR Realty	Occupation CEO/Chairman	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	\$2500 Refund issued 11/11/2011

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

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