

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 651 OF 2686
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

Full Name (Last, First, Middle Initial) A. Priscilla McMillan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2012 Transaction ID : SA11AI.53081
Mailing Address 12 Hilliard St		Amount of Each Receipt this Period 500.00
City Cambridge	State MA	Zip Code 02138-4922
FEC ID number of contributing federal political committee. C		Earmark to Sherrod Brown (OH-00S)
Name of Employer Self Employed	Occupation Writer	[MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Priscilla J McMillan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2012 Transaction ID : SA11AI.45904
Mailing Address 12 Hilliard St		Amount of Each Receipt this Period 3000.00
City Cambridge	State MA	Zip Code 02138-4922
FEC ID number of contributing federal political committee. C		Contribution Refunded October 2012
Name of Employer Self Employed	Occupation Writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. Martha Mednick		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2012 Transaction ID : SA11AI.49192
Mailing Address 4740 Connecticut Ave NW #908		Amount of Each Receipt this Period 100.00
City Washington	State DC	Zip Code 20008-5628
FEC ID number of contributing federal political committee. C		Earmark to Sherrod Brown (OH-00S)
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional).....▶	3100.00
TOTAL This Period (last page this line number only).....▶	