

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
COUNCIL FOR A LIVABLE WORLD CANDIDATE FUND

Full Name (Last, First, Middle Initial)

A. Market Powers

Mailing Address 7535 C Street

City Chesapeake Beach State MD Zip Code 20732

Purpose of Disbursement
In-kind: Printing

Candidate Name
MARTHA ROBERTSON

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB23.21189**

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Market Powers

Mailing Address 7535 C Street

City Chesapeake Beach State MD Zip Code 20732

Purpose of Disbursement
In-kind: Printing

Candidate Name
KEVIN STROUSE

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB23.21190**

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Market Powers

Mailing Address 7535 C Street

City Chesapeake Beach State MD Zip Code 20732

Purpose of Disbursement
In-kind: Printing

Candidate Name
PETE AGUILAR

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB23.21191**

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]

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

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

0.00

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