

**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. Cantrell/Cutter		Transaction ID: SB23.5128 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 1789 Olive Street		Amount of Each Disbursement this Period 500.00	
City Capital Heights State MD Zip Code 20743	Purpose of Disbursement In-kind: Printing Candidate Name PATRICIA A MADRID	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cantrell/Cutter		Transaction ID: SB23.5129 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 1789 Olive Street		Amount of Each Disbursement this Period 500.00	
City Capital Heights State MD Zip Code 20743	Purpose of Disbursement In-kind: Printing Candidate Name JOHN M. SPRATT	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cantrell/Cutter		Transaction ID: SB23.5130 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 1789 Olive Street		Amount of Each Disbursement this Period 500.00	
City Capital Heights State MD Zip Code 20743	Purpose of Disbursement In-kind: Printing Candidate Name COLEEN M. ROWLEY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶