

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Massachusetts Future Fund**

**A. Janet O'Brien**  
Full Name (Last, First, Middle Initial)  
Mailing Address 77 Granada Drive  
City Cortes Madera State CA Zip Code 94925  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Architect  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 12 / 2012**  
**Transaction ID : C9211478**  
Amount of Each Receipt this Period  
**500.00**

**B. Terry O'Neill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8322 N. Brook Lane  
City Bethesda State MD Zip Code 20814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Producer/Investor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 12 / 2012**  
**Transaction ID : C9211577**  
Amount of Each Receipt this Period  
**500.00**

**C. Betsy Pattullo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Wildwood St  
City Winchester State MA Zip Code 01890-1726  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Beacon Health Strategies, LLC  
Occupation Healthcare Services  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2012**  
**Transaction ID : C9394768**  
Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **6000.00**  
**TOTAL** This Period (last page this line number only).....