

**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 508 OF 895 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 11b<br><input type="checkbox"/> 11c<br><input type="checkbox"/> 11d<br><input type="checkbox"/> 12<br><input type="checkbox"/> 13a<br><input type="checkbox"/> 13b<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15 |                 |

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)  
**Friends of Sherrod Brown**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. David A. Scott</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2011 |
| Mailing Address 300 E North Broadway  |   | <b>Transaction ID : C3658338</b>                         |
| City State Zip Code<br>Columbus OH 43214  | Amount of Each Receipt this Period<br>50.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>600.00             |
| Name of Employer<br>Disability Rights Ohio  | Occupation<br>Attorney                      |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>600.00            |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Barbara Y. Galvin</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 27 / 2011 |
| Mailing Address 1840 Stonelake Dr   |  | <b>Transaction ID : C3654498</b>                         |
| City State Zip Code<br>Cleveland OH 44122-1076  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer<br>Information Requested   | Occupation<br>Information Requested          |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Lorraine Sheinberg</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 26 / 2011 |
| Mailing Address PO Box 8180   |   | <b>Transaction ID : C3604808</b>                         |
| City State Zip Code<br>Northridge CA 91327-8180   | Amount of Each Receipt this Period<br>2500.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>2500.00            |
| Name of Employer<br>Feminist Majority Foundation  | Occupation<br>Board Member                    |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2500.00             |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2800.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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