

**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)
Committee for a Livable Future

Full Name (Last, First, Middle Initial)

A. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE

Mailing Address PO BOX 1041

City BRAINERD State MN Zip Code 56401

Purpose of Disbursement
Campaign Contribution

Candidate Name
RICHARD MICHAEL NOLAN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MN District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	9			2	9		2	0	1	4

Transaction ID : D475500

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. PATRICK HENRY HAYS FOR CONGRESS

Mailing Address PO BOX 94886

City NORTH LITTLE ROCK State AR Zip Code 72190

Purpose of Disbursement
Campaign Contribution

Candidate Name
PATRICK HENRY HAYS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AR District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	9			2	9		2	0	1	4

Transaction ID : D475498

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. Peters for Michigan

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement
Campaign Contribution

Candidate Name
GARY PETERS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 00

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	9			1	8		2	0	1	4

Transaction ID : D475494

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6	0	0	0	.	0	0
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6	0	0	0	.	0	0
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