

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 99	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Mark Alliegro

Full Name (Last, First, Middle Initial) A. Tuesday Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 60 New Driftway Suite 18		Amount of Each Disbursement this Period 600.00
City Scituate	State MA Zip Code 02066	
Purpose of Disbursement Campaign fundraising	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5094

Full Name (Last, First, Middle Initial) B. Tuesday Associates		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 60 New Driftway Suite 18		Amount of Each Disbursement this Period 1000.00
City Scituate	State MA Zip Code 02066	
Purpose of Disbursement Campaign Fundraising	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5107

Full Name (Last, First, Middle Initial) C. Tuesday Associates		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 60 New Driftway Suite 18		Amount of Each Disbursement this Period 383.25
City Scituate	State MA Zip Code 02066	
Purpose of Disbursement Campaign Fundraising	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5113

SUBTOTAL of Disbursements This Page (optional).....	1983.25
TOTAL This Period (last page this line number only).....	