

**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 63 OF 130	
	<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)
Langevin for Congress

Full Name (Last, First, Middle Initial) A. Daniel B. Gillis III		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 74.07
City Warwick	State RI	
Zip Code 02888-4214	Purpose of Disbursement Payroll	Transaction ID : VPEBZ9TRBG1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Valerie Roberts		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.48
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Transaction ID : VPEBZ9TRDJ1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. HealthSource RI		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 70 Royal Little Dr		Amount of Each Disbursement this Period 1179.23
City Providence	State RI	
Zip Code 02904-1859	Purpose of Disbursement Health Insurance	Transaction ID : VPEBZ9TRBM1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1430.78
TOTAL This Period (last page this line number only).....	