

**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 90 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. Seth M. Klaiman		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 2 Sweet Fern Trl		Amount of Each Disbursement this Period 159.22 Transaction ID : VPEBZ9TRBW4
City Saunderstown	State RI	
Zip Code 02874-2353	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	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. Citizens Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 615.99 Transaction ID : VPEBZ9TR9Z4
City Providence	State RI	
Zip Code 02940-9665	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	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. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 11.32 Transaction ID : VPEBZ9TS305
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Category/ Type
Candidate Name	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).....	786.53
TOTAL This Period (last page this line number only).....	