

**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 50 OF 98			
	<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)
Carol Shea-Porter for Congress

Full Name (Last, First, Middle Initial) A. Apple Store		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 99 Rockingham Park Blvd		Amount of Each Disbursement this Period 29.00
City Salem	State NH	
Zip Code 03079-2942	Purpose of Disbursement Office Equipment	Transaction ID : VNV0F9RYCC4
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 14.99
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Telephone Equipment	Transaction ID : VNV0F9RYV35
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 426.17
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Telecommunications Services	Transaction ID : VNV0F9RYQY9
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).....	470.16
TOTAL This Period (last page this line number only).....	