

**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 61 OF 104	
	<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)
RICHARD E NEAL FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Balise Auto Credit Express Leasing, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address Post Office Box 228		Amount of Each Disbursement this Period 821.08 Transaction ID : SB17.45771
City West Springfield	State MA	
Zip Code 01089	Purpose of Disbursement Auto Lease Payment	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. Balise Auto Credit Express Leasing, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2015
Mailing Address Post Office Box 228		Amount of Each Disbursement this Period 821.08 Transaction ID : SB17.45772
City West Springfield	State MA	
Zip Code 01089	Purpose of Disbursement Auto Lease Payment	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. Balise Auto Credit Express Leasing, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address Post Office Box 228		Amount of Each Disbursement this Period 821.08 Transaction ID : SB17.45773
City West Springfield	State MA	
Zip Code 01089	Purpose of Disbursement Auto Lease Payment	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).....	2463.24
TOTAL This Period (last page this line number only).....	