

**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 64 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. Ms Margaret Boyle			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015		
Mailing Address 22 Shefford Street			Amount of Each Disbursement this Period 43.00		
City Springfield	State MA	Zip Code 01107	Transaction ID : SB17.46560		
Purpose of Disbursement Travel Reimbursement		002 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. C&G Associates			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015		
Mailing Address 401 1st Street, SE Suite 310			Amount of Each Disbursement this Period 4000.00		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.46530		
Purpose of Disbursement Fundraising Consulting Services		001 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. C&G Associates			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015		
Mailing Address 401 1st Street, SE Suite 310			Amount of Each Disbursement this Period 4000.00		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.46528		
Purpose of Disbursement Fundraising Consulting Services		001 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).....	8043.00
TOTAL This Period (last page this line number only).....	