

**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 81 OF 93			
	<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)
Re-elect McGovern Committee

Full Name (Last, First, Middle Initial) A. Commercial Street Garage			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 201 Commercial Street			Amount of Each Disbursement this Period 7.00
City Worcester	State MA	Zip Code 01608	
Purpose of Disbursement Parking		Category/ Type	Transaction ID : D501417 [MEMO ITEM]
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. Commercial Street Garage			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 201 Commercial Street			Amount of Each Disbursement this Period 4.00
City Worcester	State MA	Zip Code 01608	
Purpose of Disbursement Parking		Category/ Type	Transaction ID : D501418 [MEMO ITEM]
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. Commercial Street Garage			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 201 Commercial Street			Amount of Each Disbursement this Period 4.00
City Worcester	State MA	Zip Code 01608	
Purpose of Disbursement Parking		Category/ Type	Transaction ID : D501419 [MEMO ITEM]
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)	0.00
TOTAL This Period (last page this line number only)	