

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Change

Full Name (Last, First, Middle Initial)

A. The Cicilline Committee

Mailing Address Po Box 9107

City Providence State RI Zip Code 02940

Purpose of Disbursement
Congressional Campaign

Candidate Name
David Cicilline

Office Sought: House
 Senate
 President
State: RI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2011

Transaction ID : **D392756**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Welch for Congress

Mailing Address PO Box

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Congressional Campaign

Candidate Name
Peter Welch

Office Sought: House
 Senate
 President
State: VT District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2011

Transaction ID : **D392713**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Welch for Congress

Mailing Address PO Box

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Congressional Campaign

Candidate Name
Peter Welch

Office Sought: House
 Senate
 President
State: VT District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2011

Transaction ID : **D392714**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00