

**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 114 OF 125
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Don Beyer

Full Name (Last, First, Middle Initial) A. KUSTER FOR CONGRESS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address PO Box 1498		Amount of Each Disbursement this Period 1000.00 Transaction ID : VNH269Z5VH0
City Concord	State NH	
Zip Code 03302-1498	Purpose of Disbursement Contribution	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. GRAHAM FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address PO Box 310		Amount of Each Disbursement this Period 1000.00 Transaction ID : VNH269Z5VN1
City Tallahassee	State FL	
Zip Code 32302-0310	Purpose of Disbursement Contribution	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. Ami Bera for Congress		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address PO Box 582496		Amount of Each Disbursement this Period 1000.00 Transaction ID : VNH269Z5VS1
City Elk Grove	State CA	
Zip Code 95758-0042	Purpose of Disbursement Contributon	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).....	3000.00
TOTAL This Period (last page this line number only).....	