

**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 139 OF 139 | |
| | <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)
Lois Frankel for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013 |
| Mailing Address 430 S Capitol St SE FI 2 | | Amount of Each Disbursement this Period 5000.00 |
| City Washington | State DC | Zip Code 20003-4024 |
| Purpose of Disbursement Unlimited Transfer to a Party Committee | Category/Type | |
| Candidate Name | Transaction ID : D462184 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. KATHERINE CLARK FOR CONGRESS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013 |
| Mailing Address PO BOX 361 | | Amount of Each Disbursement this Period 1000.00 |
| City MALDEN | State MA | Zip Code 02148 |
| Purpose of Disbursement Contribution | Category/Type | |
| Candidate Name KATHERINE CLARK | Transaction ID : D454890 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MA District: 05 | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | Zip Code |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | Transaction ID | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|-----------------------------------------------------------------|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6000.00 |
| TOTAL This Period (last page this line number only)..... | 13000.00 |