

**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"/> 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)
U S Cellular Political Action Committee

Full Name (Last, First, Middle Initial) A. Pallone for Congress		Date of Disbursement MM / DD / YYYY 12 / 11 / 2017
Mailing Address PO Box 3176		FEC Identification Number C 000226928 Transaction ID : 10927111
City Long Branch	State NJ	Zip Code 07740
Purpose of Disbursement Direct Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Direct Contribution
Candidate Name Pallone, Frank, , Rep., Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NJ District: 06	

Full Name (Last, First, Middle Initial) B. Competitive Carriers Association PAC		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017
Mailing Address 805 15th Street, NW Suite 401		FEC Identification Number C 000490698 Transaction ID : 10938298
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Direct Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Direct Contribution
Candidate Name Competitive Carriers Association PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	8000.00