

**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)  
**4 MA PAC**

Full Name (Last, First, Middle Initial)

**A. BERA FOR CONGRESS**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**AMERISH BERA**

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2015

**Transaction ID : VNGXF9V81P6**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. BERA FOR CONGRESS**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**AMERISH BERA**

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	08	/	2015

**Transaction ID : VNGXF9V9JB1**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**C. Brad Ashford For Congress**

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124-0023

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Brad Ashford**

Office Sought:  House  
 Senate  
 President  
State: NE District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2015

**Transaction ID : VNGXF9V81R2**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2500.00
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