

**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 82 OF 84	
	<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)  
**Schiff for Congress**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Cmte.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 12500.00 <b>Transaction ID : D361367</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Federal Contribution Transfer 439a(a)	
Candidate Name	Category/Type	
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>B. Democratic Congressional Campaign Cmte.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 12500.00 <b>Transaction ID : D361368</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Federal Contribution Transfer 439a(a)	
Candidate Name	Category/Type	
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>C. Democratic Congressional Campaign Cmte.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 12500.00 <b>Transaction ID : D361397</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Federal Contribution Transfer 439a(a)	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37500.00
<b>TOTAL</b> This Period (last page this line number only).....	