

**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 111 OF 113			
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address PO BOX 1041		Amount of Each Disbursement this Period 1000.00
City BRAINERD State MN Zip Code 56401	Purpose of Disbursement Contribution	Transaction ID : D513253
Candidate Name RICHARD M. NOLAN	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" 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: MN District: 08		

Full Name (Last, First, Middle Initial) B. SCHNEIDER FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address PO BOX 1318		Amount of Each Disbursement this Period 1000.00
City DEERFIELD State IL Zip Code 60015	Purpose of Disbursement Contributions	Transaction ID : D513258
Candidate Name BRADLEY SCOTT SCHNEIDER	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" 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: IL District: 10		

Full Name (Last, First, Middle Initial) C. SEAN PATRICK MALONEY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address PO BOX 270		Amount of Each Disbursement this Period 1000.00
City NEWBURGH State NY Zip Code 12550	Purpose of Disbursement Contribution	Transaction ID : D513255
Candidate Name SEAN PATRICK MALONEY	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" 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: NY District: 18		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	