

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
DEAN FOR AMERICA

Full Name (Last, First, Middle Initial) A. KATIE MCGINTY FOR SENATE			Date of Disbursement MM / DD / YYYY 08 / 10 / 2016	
Mailing Address PO BOX 22447			FEC Identification Number C C00582809	
City PHILADELPHIA	State PA	Zip Code 19110	Transaction ID : SB29.4468	
Purpose of Disbursement federal contribuion		Category/ Type 101	Amount of Each Disbursement this Period 500.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA	District: 00			

Full Name (Last, First, Middle Initial) B. ZEPHYR TEACHOUT FOR CONGRESS			Date of Disbursement MM / DD / YYYY 08 / 31 / 2016	
Mailing Address PO BOX 491			FEC Identification Number C C00608174	
City ROSENDALE	State NY	Zip Code 12472	Transaction ID : SB29.4469	
Purpose of Disbursement federal contribution		Category/ Type 101	Amount of Each Disbursement this Period 1000.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY	District: 19			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
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 Receipts This Page (optional)..... 1500.00

Total This Period (last page this line number only)..... 1500.00