

**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 54 OF 55	
	<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)
Castor for Congress

Full Name (Last, First, Middle Initial) A. Bera for Congress		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016
Mailing Address PO BOX 582496		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : D364674
City ELK GROVE State CA Zip Code 95758	Purpose of Disbursement Contribution Category/Type	
Candidate Name AMERISH BERA	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: CA District: 07		

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016
Mailing Address 430 S Capitol Street, S.E.		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Memo Item Transaction ID : D364620
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Category/Type	
Candidate Name	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) c. Emily Cain for Congress		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016
Mailing Address PO BOX 1523		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : D364690
City BANGOR State ME Zip Code 04402	Purpose of Disbursement Contribution Category/Type	
Candidate Name EMILY CAIN	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: ME District: 02		

SUBTOTAL of Disbursements This Page (optional).....	27000.00
TOTAL This Period (last page this line number only).....	