

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |                                      |                                    |                                     |   |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 156 OF 156                     |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Connolly for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Congressional Campaign Committee</b>                       |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 21 / 2016 |
| Mailing Address 430 South Capitol Street SE<br>2nd Floor   |  | FEC Identification Number<br>C C00347864                      |
| City Washington  | State DC   | Zip Code 20003  |
| Purpose of Disbursement<br>Transfer  |  | Amount of Each Disbursement this Period<br>50000.00           |
| Candidate Name   |  | Transaction ID : D624237                                      |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                            |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |  | FEC Identification Number<br>C              |
| City   | State  | Zip Code                                    |
| Purpose of Disbursement  |  | Amount of Each Disbursement this Period     |
| Candidate Name   |  | <input type="checkbox"/> Memo Item          |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |  | FEC Identification Number<br>C              |
| City   | State  | Zip Code                                    |
| Purpose of Disbursement  |  | Amount of Each Disbursement this Period     |
| Candidate Name   |  | <input type="checkbox"/> Memo Item          |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 50000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 50000.00 |