

**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 40 OF 40	
	<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. Meeting Street		Date of Disbursement
Mailing Address c/o Holiday Cards 1000 Eddy Street		M M / D D / Y Y Y Y 12 / 21 / 2016
City Providence	State RI	Zip Code 02905
Purpose of Disbursement Donation		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 300.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D533409
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. STEPHANIE MURPHY FOR CONGRESS		Date of Disbursement
Mailing Address PO BOX 205		M M / D D / Y Y Y Y 12 / 28 / 2016
City WINTER PARK	State FL	Zip Code 32790
Purpose of Disbursement Contribution - 12/28 Amex Payment		FEC Identification Number C C00620443
Candidate Name MURPHY, STEPHANIE, , ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D534063
State: FL District: 07		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	300.00