

**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 67 OF 69			
	<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)
Ted Deutch for Congress Committee

Full Name (Last, First, Middle Initial) A. KUSTER FOR CONGRESS, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address P.O. BOX 1498		Amount of Each Disbursement this Period 1000.00 Transaction ID : D428102
City CONCORD State NH Zip Code 03302	Purpose of Disbursement Contribution	
Candidate Name ANN MCLANE KUSTER	Category/Type	
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: NH District: 02		

Full Name (Last, First, Middle Initial) B. KYRSTEN SINEMA FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address PO BOX 25879		Amount of Each Disbursement this Period 1000.00 Transaction ID : D428109
City TEMPE State AZ Zip Code 85285	Purpose of Disbursement Contribution	
Candidate Name KYRSTEN SINEMA	Category/Type	
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: AZ District: 09		

Full Name (Last, First, Middle Initial) C. NATIONAL ACTION COMMITTEE (NACPAC)		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 3389 SHERIDAN ST. #424		Amount of Each Disbursement this Period 1000.00 Transaction ID : D426643
City HOLLYWOOD State FL Zip Code 33021	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
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 Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	