

# 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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
The Niki Tsongas Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Immune Deficiency Foundation  Mailing Address PO Box 453  City North Chelmsford State MA Zip Code 01863  Purpose of Disbursement Donation  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D247123 Date of Disbursement 04 / 30 / 2009  Amount of Each Disbursement this Period 275.00  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Lowell High School Alumni  Mailing Address 50 Father Morrisette Blvd  City Lowell State MA Zip Code 01852  Purpose of Disbursement contribution  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D247150 Date of Disbursement 05 / 14 / 2009  Amount of Each Disbursement this Period 1000.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Massachusetts Democratic State Committee  Mailing Address 56 Roland Street Suite 203  City Charlestown State MA Zip Code 02129  Purpose of Disbursement donation  Candidate Name Massachusetts Democratic State Committee  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D247132 Date of Disbursement 05 / 13 / 2009  Amount of Each Disbursement this Period 2500.00  Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3775.00

**TOTAL** This Period (last page this line number only) ..... ▶