

**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 122 OF 125	
	<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. Community Angels		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address		Amount of Each Disbursement this Period 500.00
City	State Zip Code	
Purpose of Disbursement Donation	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D518358

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 4000.00
City	State Zip Code	
Purpose of Disbursement Credit Card Payment	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D517840

Full Name (Last, First, Middle Initial) C. BRAD ASHFORD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address PO BOX 24023		Amount of Each Disbursement this Period 1000.00
City	State Zip Code	
Purpose of Disbursement Contribution	Candidate Name BRAD ASHFORD	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: NE District: 02	Category/Type	Transaction ID : D517843

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	