

**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 361 OF 363	
	<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)  
**Ellison for Congress**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period 50000.00 <b>Transaction ID : VN7AV9VDE14</b>
City Washington State DC Zip Code 20003-4024	Purpose of Disbursement Unlimited Transfer	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. JAMIE RASKIN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address PO Box 5418		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VN7AV9VD4F3</b>
City Takoma Park State MD Zip Code 20913-5418	Purpose of Disbursement Contribution	
Candidate Name <b>JAMIE RASKIN</b>	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: MD District: 08		

Full Name (Last, First, Middle Initial) <b>C. MINNESOTA DEMOCRATIC-FARMER-LABOR PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 255 Plato Blvd E		Amount of Each Disbursement this Period 6889.00 <b>Transaction ID : VN7AV9VGQW0</b>
City Saint Paul State MN Zip Code 55107-1623	Purpose of Disbursement Unlimited Transfer to State Party	
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	57889.00
<b>TOTAL</b> This Period (last page this line number only).....	