

**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 59 OF 59			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Terry Rogers Campaign Fund		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 898 Grant St		Amount of Each Disbursement this Period 1500.00 Transaction ID : B1C9D21DE997443BD8EA
City Clarksville	State GA	
Zip Code 30523-4710	Purpose of Disbursement Contribution (State/Local Committee)	Category/ Type
Candidate Name	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. POLIQUIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address PO BOX 50		Amount of Each Disbursement this Period 1000.00 Transaction ID : B79413E6EDC7E45DDA79
City Oakland	State ME	
Zip Code 04963-0050	Purpose of Disbursement Contribution	Category/ Type
Candidate Name Bruce L Poliquin	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: ME District: 02	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	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).....	2500.00
TOTAL This Period (last page this line number only).....	24000.00