

**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 15 OF 15	
	<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)
The Niki Tsongas Committee

Full Name (Last, First, Middle Initial) A. THE BILL KEATING COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018
Mailing Address PO Box 3065		FEC Identification Number C 00479063
City Buzzards Bay	State MA	Zip Code 02532-0765
Purpose of Disbursement Donation	Category/ Type	Amount of Each Disbursement this Period 2000.00
Candidate Name KEATING, WILLIAM RICHARD, , ,	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNTPA9Y0HQ7
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: 09	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. THE COMMITTEE TO ELECT AYANNA PRESSLEY		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018
Mailing Address PO Box 240912 554 WASHINGTON STREET		FEC Identification Number C 00667741
City Dorchester Center	State MA	Zip Code 02124-0015
Purpose of Disbursement Donation	Category/ Type	Amount of Each Disbursement this Period 2000.00
Candidate Name PRESSLEY, AYANNA, , ,	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : VNTPA9Y0HS3
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name	Disbursement For:	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	26000.00