

**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 156 OF 167	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2018
Mailing Address 2965 W Corporate Lakes Blvd		FEC Identification Number C
City Weston	State FL	Zip Code 33331-3626
Purpose of Disbursement Contributions	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 51000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D548174
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. KATHY MANNING FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2018
Mailing Address PO BOX 41197		FEC Identification Number C C00662577
City GREENSBORO	State NC	Zip Code 27404
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name MANNING, KATHY, , ,	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D548180
State: NC District: 13	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. XOCHITL FOR NEW MEXICO		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2018
Mailing Address PO BOX 2250		FEC Identification Number C C00666149
City LAS CRUCES	State NM	Zip Code 88004
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name TORRES SMALL, XOCHITL, , ,	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D548190
State: NM District: 02	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	51000.00
TOTAL This Period (last page this line number only).....▶	