

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

FRIENDS OF FRANK GUINTA

ADDRESS (number and street)

PO BOX 877

Check if different than previously reported. (ACC)

MANCHESTER

NH

03105

2. FEC IDENTIFICATION NUMBER

C00461350

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

NH

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 01 / 01 / 2014

through

MM / DD / YYYY 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

[Electronically Filed]

Date

MM / DD / YYYY 04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 8 columns for Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**FRIENDS OF FRANK GUINTA**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	154504.99	323126.42
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	154504.99	323126.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	62741.85	174041.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	1.12	461.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	62740.73	173580.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	219907.67	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	289575.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**FRIENDS OF FRANK GUINTA**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	105750.00	210350.00
(ii) Unitemized.....	9754.99	11757.99
(iii) TOTAL of contributions from individuals ▶	115504.99	222107.99
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	39000.00	101018.43
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	154504.99	323126.42
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1.12	461.37
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	2442.57
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	154506.11	326030.36

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	62741.85	174041.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	25000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	25000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	36000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	62741.85	235041.55

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	128143.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	154506.11
25. SUBTOTAL (add Line 23 and Line 24).....	282649.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	62741.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	219907.67

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. LOUISE B ALCOCK**

Mailing Address 105 CHERRY BROOK RD

City WESTON State MA Zip Code 02493-1347

FEC ID number of contributing federal political committee. **C**

Name of Employer WESTON PUBLIC SCHOOLS Occupation ENGLISH TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4952**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. LINO M AVELLANI**

Mailing Address PO BOX 516

City SANBORNVILLE State NH Zip Code 03872

FEC ID number of contributing federal political committee. **C**

Name of Employer LINO'S RESTAURANT Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5036**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr YALCIN AYASLI**

Mailing Address 75 HAWTHORNE VILLAGE ROAD

City NASHUA State NH Zip Code 03062

FEC ID number of contributing federal political committee. **C**

Name of Employer HITTITE MICROWAVE CORPORATION Occupation SCIENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4940**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**Dr YALCIN AYASLI**

Mailing Address **75 HAWTHORNE VILLAGE ROAD**

City **NASHUA** State **NH** Zip Code **03062**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HITTITE MICROWAVE CORPORATION** Occupation **SCIENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : SA11AI.4941**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**BENTON HOLDINGS LLC**

Mailing Address **68 TECHNOLOGY DR**

City **BEDFORD** State **NH** Zip Code **03110**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 01 / 2014**

**Transaction ID : SA11AI.5073**

Amount of Each Receipt this Period  
**2600.00**

LLC INFORMATION REQUESTED

**C.** Full Name (Last, First, Middle Initial)  
**BENTON HOLDINGS LLC**

Mailing Address **68 TECHNOLOGY DR**

City **BEDFORD** State **NH** Zip Code **03110**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5072**

Amount of Each Receipt this Period  
**2600.00**

LLC INFORMATION REQUESTED

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**7800.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**HARVEY BINES**

Mailing Address 36 CLACHE STREET

City Lexington State MA Zip Code 02421

FEC ID number of contributing federal political committee. C

Name of Employer SULLIVAN & WORCESTER LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4992**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD A BOLDUC**

Mailing Address 6 BEAUTY HILL

City Plainfield State NH Zip Code 03781

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2014

**Transaction ID : SA11AI.4734**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**RICK BOTNICK**

Mailing Address 150 SPRUCE LANE

City Auburn State NH Zip Code 03032

FEC ID number of contributing federal political committee. C

Name of Employer BOTNICK 5/VENTURES, INC. Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : SA11AI.4876**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. MARC BOURGEOIS**

Mailing Address **PO BOX 289**

City **TILTON** State **NH** Zip Code **03276**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MB TRACTOR** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : SA11AI.4945**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. DAVID J BREAZZANO**

Mailing Address **193 DUTTON ROAD**

City **SUDBURY** State **MA** Zip Code **01776**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DDJ CAPITAL MANAGEMENT, LLC** Occupation **INVESTMENTS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4999**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. DAVID J BREAZZANO**

Mailing Address **193 DUTTON ROAD**

City **SUDBURY** State **MA** Zip Code **01776**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DDJ CAPITAL MANAGEMENT, LLC** Occupation **INVESTMENTS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5000**

Amount of Each Receipt this Period  
**2600.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**6200.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS P BROOM**

Mailing Address 371 MOUNTAIN ROAD

City NEW LONDON State NH Zip Code 03257

FEC ID number of contributing federal political committee. **C**

Name of Employer STRATEGIC TIMBER, INC Occupation INVESTMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4962**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. SHAUN P CARROLL**

Mailing Address PO BOX 319

City NEW LONDON State NH Zip Code 03257

FEC ID number of contributing federal political committee. **C**

Name of Employer CARROLL CONCRETE COMPANY Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4903**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FREDERICK COOLBROTH**

Mailing Address 72 NEEDLE EYE ROAD

City MEREDITH State NH Zip Code 03253

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11AI.4862**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. Mr. HARRY A CREWS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 23 ROLLING WOODS DR		<b>Transaction ID : SA11AI.4928</b>	
City BEDFORD	State NH	Zip Code 03110-4539	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer AUTOFAIR	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. HARRY A CREWS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 23 ROLLING WOODS DR		<b>Transaction ID : SA11AI.4986</b>	
City BEDFORD	State NH	Zip Code 03110-4539	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer AUTOFAIR	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. JOHN J DAGIANIS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 46 CRESTWOOD DR		<b>Transaction ID : SA11AI.4901</b>	
City HOLLIS	State NH	Zip Code 03049	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer NASHUA EYE ASSOCIATES	Occupation OPHTHALMOLOGIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6200.00
<b>TOTAL</b> This Period (last page this line number only).....	6200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. JAMES T DESTEFANO</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014	
Mailing Address 65 MICHIGAN AVE		<b>Transaction ID : SA11AI.4710</b>	
City MANCHESTER	State NH	Zip Code 03104	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00	
Name of Employer COLLIER'S INTERNATIONAL		Occupation REALTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. MICHAEL W DION</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 49 HANCOCK ST		<b>Transaction ID : SA11AI.4943</b>	
City MANCHESTER	State NH	Zip Code 03101	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer METRO WALLS		Occupation OWNER & PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. KENNETH FOOTE</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2014	
Mailing Address 31 PASTURE LANE		<b>Transaction ID : SA11AI.4709</b>	
City BEDFORD	State NH	Zip Code 03110	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer TRANSUPPORT		Occupation VICE PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>Mr. LAURENCE D FOSS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 30 BUNKER HILL AVE		<b>Transaction ID : SA11AI.4908</b>	
City STRATHAM	State NH	Zip Code 03885	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer FOSS MOTORS INC.	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>Mr. WILLIAM C GILES</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 12 RACHEL WAY		<b>Transaction ID : SA11AI.4886</b>	
City BEDFORD	State NH	Zip Code 03110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>Mr. WILLIAM C GILES</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 12 RACHEL WAY		<b>Transaction ID : SA11AI.4887</b>	
City BEDFORD	State NH	Zip Code 03110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. STEPHEN J GRZYWACZ**

Mailing Address 405 CRESTVIEW CIR

City State Zip Code  
MANCHESTER NH 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MILFORD LUMBER COMPANY PRESIDENT & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2014

**Transaction ID : SA11AI.4893**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. RICHARD C GUINTA**

Mailing Address 39 WILDWOOD DR

City State Zip Code  
BROOKLINE NH 03033-2143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFO REQUESTED PER BEST EFFORT INFO REQUESTED PER BEST EFFORT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2014

**Transaction ID : SA11AI.4884**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. ARI HASEOTES**

Mailing Address PO BOX 600157

City State Zip Code  
NEWTON MA 02460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUMBERLAND GULF GROUP OF COMPANIE PRESIDENT AND GROUP CHIEF OPERATIN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2014

**Transaction ID : SA11AI.4958**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. JUDITH P HAVENSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 112 DEWITT DR		<b>Transaction ID : SA11AI.4897</b>	
City ALTON	State NH	Zip Code 03809	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. WALTER P HAVENSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 112 DEWITT DR		<b>Transaction ID : SA11AI.4899</b>	
City ALTON	State NH	Zip Code 03809	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer SAIC	Occupation PRESIDENT & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. PATRICIA HUMPHREY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2014	
Mailing Address PO BOX 1461		<b>Transaction ID : SA11AI.4960</b>	
City CONCORD	State NH	Zip Code 03302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6200.00
<b>TOTAL</b> This Period (last page this line number only).....	6200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE M KELLER**

Mailing Address 300 RIVER ROAD  
#400

City State Zip Code  
MANCHESTER NH 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KELLER COMPANIES INC EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : SA11AI.4843**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS V. A. KELSEY**

Mailing Address 45 MURRAY HILL SQ

City State Zip Code  
NEW PROVIDENCE NJ 07974

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4635**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JOHN KINGSTON**

Mailing Address 16 CHESTNUT STREET

City State Zip Code  
WINCHESTER MA 01890

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFFILIATED MANAGERS GROUP VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4996**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 72
	<input checked="checked" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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)  
**FRIENDS OF FRANK GUINTA**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MATTHEW LEBRETTON</b>	Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M M 03</td> <td style="width: 33%; text-align: center;">D D D 27</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2014</td> </tr> </table>	M M M 03	D D D 27	Y Y Y Y Y Y 2014
M M M 03	D D D 27	Y Y Y Y Y Y 2014		
Mailing Address <b>8 VOLUNTEER ROAD</b>	<b>Transaction ID : SA11AI.5048</b>			
City State Zip Code <b>HINGHAM MA 02043</b>	Amount of Each Receipt this Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table>		1000.00	
	1000.00			
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table>		1000.00	
	1000.00			
Name of Employer Occupation <b>NEW BALANCE DIRECTOR</b>	Election Cycle-to-Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table>		1000.00	
	1000.00			
Receipt For: 2014 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table>		1000.00	
	1000.00			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>GREGG LISCOTTI</b>	Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M M 03</td> <td style="width: 33%; text-align: center;">D D D 13</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2014</td> </tr> </table>	M M M 03	D D D 13	Y Y Y Y Y Y 2014
M M M 03	D D D 13	Y Y Y Y Y Y 2014		
Mailing Address <b>83 ORCHARD HILL PARK DRIVE</b>	<b>Transaction ID : SA11AI.4964</b>			
City State Zip Code <b>LEOMINSTER MA 01453</b>	Amount of Each Receipt this Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">2600.00</td> </tr> </table>		2600.00	
	2600.00			
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">2600.00</td> </tr> </table>		2600.00	
	2600.00			
Name of Employer Occupation <b>SELF-EMPLOYED REAL ESTATE DEVELOPER</b>	Election Cycle-to-Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">2600.00</td> </tr> </table>		2600.00	
	2600.00			
Receipt For: 2014 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">2600.00</td> </tr> </table>		2600.00	
	2600.00			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>LINDA LOVERING</b>	Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M M 03</td> <td style="width: 33%; text-align: center;">D D D 31</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2014</td> </tr> </table>	M M M 03	D D D 31	Y Y Y Y Y Y 2014
M M M 03	D D D 31	Y Y Y Y Y Y 2014		
Mailing Address <b>88 POWERS ROAD</b>	<b>Transaction ID : SA11AI.5066</b>			
City State Zip Code <b>MEREDITH NH 03253</b>	Amount of Each Receipt this Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table>		1000.00	
	1000.00			
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table>		1000.00	
	1000.00			
Name of Employer Occupation <b>LOVERING VOLVO BUSINESS OWNER</b>	Election Cycle-to-Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table>		1000.00	
	1000.00			
Receipt For: 2014 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">1000.00</td> </tr> </table>		1000.00	
	1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">4600.00</td> </tr> </table>		4600.00
	4600.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table>		



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. Mr. GORDON J MACDONALD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 900 ELM STREET		<b>Transaction ID : SA11AI.4889</b>	
City MANCHESTER	State NH	Zip Code 03101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer NIXON PEABODY, LLP	Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. LEE B MARDEN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address PO BOX 1212		<b>Transaction ID : SA11AI.4947</b>	
City CONCORD	State NH	Zip Code 03302-1212	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer R/E MANAGEMENT	Occupation SELF		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. DAVID C MCAVOY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 11 MOUNTVIEW RD		<b>Transaction ID : SA11AI.4910</b>	
City WELLESLEY HILLS	State MA	Zip Code 02481	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NORTHWESTERN MUTUAL	Occupation SELF EMPLOYED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**W. CHARLES MCCORMACK**

Mailing Address 401 STATE STREET  
UNIT M201

City PORTSMOUTH State NH Zip Code 03801

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.4854**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN MCDONNELL**

Mailing Address 63 ATLANTIC AVE 7E

City BOSTON State MA Zip Code 02110

FEC ID number of contributing federal political committee. **C**

Name of Employer PATRON SPIRITS COMPANY Occupation COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 01 / 2014

**Transaction ID : SA11AI.4690**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN MCDONNELL**

Mailing Address 63 ATLANTIC AVE 7E

City BOSTON State MA Zip Code 02110

FEC ID number of contributing federal political committee. **C**

Name of Employer PATRON SPIRITS COMPANY Occupation COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : SA11AI.4882**

Amount of Each Receipt this Period  
1300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2050.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS T MCGINLEY**

Mailing Address **4 BALSAM CT**

City **BEDFORD** State **NH** Zip Code **03110**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FIDELITY INVESTMENTS** Occupation **PORTFOLIO MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11AI.4716**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. P ANDREWS MCLANE**

Mailing Address **77 DEAN RD**

City **WESTON** State **MA** Zip Code **02493**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TA ASSOCIATES, INC.** Occupation **PRIVATE EQUITY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5018**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. TERRANCE MCMAHON**

Mailing Address **73 WENDOVER WAY**

City **BEDFORD** State **NH** Zip Code **03110**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MASS MUTUAL FINANCIAL GROUP** Occupation **SELF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4988**

Amount of Each Receipt this Period  
**2500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**SHAWN A MONTY**

Mailing Address **PO BOX 10535**

City **BEDFORD** State **NH** Zip Code **03110**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ENTREPRENEUR** Occupation **ENTREPRENEUR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : SA11AI.4872**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**LAURA MORGAN**

Mailing Address **1 EDWARD CIRCLE**

City **BEDFORD** State **NH** Zip Code **03110**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MORGANS RECORD MANAGEMENT** Occupation **RECORD RETENTION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 24 / 2014**

**Transaction ID : SA11AI.4860**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. PETER NAPOLI**

Mailing Address **6 PAGE RD**

City **LEXINGTON** State **MA** Zip Code **02420**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE NAPOLI GROUP L.L.C.** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5024**

Amount of Each Receipt this Period  
**2600.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3850.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL NOLAN**

Mailing Address 48 MIDDLE ROAD

City BRENTWOOD State NE Zip Code 03883

FEC ID number of contributing federal political committee. **C**

Name of Employer ENZYMATICS, INC. Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : SA11AI.4841**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. CLARE O PARKER**

Mailing Address 8 GOONAN RD

City HOOKSETT State NH Zip Code 03106-2612

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4680**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. ELMER PEASE**

Mailing Address 144 W WEBSTER ST  
5E

City MANCHESTER State NH Zip Code 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer PD ASSOCIATES, LLC Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4932**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. ELAINE P PETERSEN</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2014	
Mailing Address 7 MCINTOSH LANE		<b>Transaction ID : SA11AI.4778</b>	
City BEDFORD	State NH	Zip Code 03110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer INTERIM HEALTHCARE	Occupation FOUNDER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. GREGORY K PHELPS</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2014	
Mailing Address 15 MAPLE RD		<b>Transaction ID : SA11AI.4782</b>	
City NORTH HAMPTON	State NH	Zip Code 03862	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MANULIFE ASSET MGMT	Occupation PORTFOLIO MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. ROBERET PRUNIER</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 59 HIDEAWAY LANE		<b>Transaction ID : SA11AI.4699</b>	
City HOLLIS	State NH	Zip Code 03049	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer HARVEY CONSTRUCTION CORPORATION	Occupation BUSINESS OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. DANIEL J QUIRK**

Mailing Address **PO BOX 850972**

City **BRAINTREE** State **MA** Zip Code **02185**

FEC ID number of contributing federal political committee. **C**

Name of Employer **QUIRK CAR COMPANIES** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : SA11AI.4950**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**RAPID REAL ESTATE LLC**

Mailing Address **104 PERIMETER RD**

City **NASHUA** State **NH** Zip Code **03063**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : SA11AI.5070**

Amount of Each Receipt this Period  
**1000.00**

LLC INFORMATION REQUESTED

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT L REYNOLDS**

Mailing Address **153 GARFIELD ROAD**

City **CONCORD** State **MA** Zip Code **01742**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PUTNAM INVESTMENTS** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11AI.5046**

Amount of Each Receipt this Period  
**2500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM RITCHIE**

Mailing Address 5302 BROOKWAY DRIVE

City State Zip Code  
BETHESDA MD 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2014

**Transaction ID : SA11AI.5044**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM RITCHIE**

Mailing Address 5302 BROOKWAY DRIVE

City State Zip Code  
BETHESDA MD 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.5060**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. CHARLES F ROLECEK**

Mailing Address 149 HANOVER ST

City State Zip Code  
MANCHESTER NH 03101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
C.R. SPARKS RESTAURANTS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.4647**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1200.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT L RORHER Jr**

Mailing Address 18 CRICKET CORNER RD

City AMHERST State NH Zip Code 03031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.4712**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**ANTHONY H RYAN**

Mailing Address 83 DORCHESTER RD

City LYME State NH Zip Code 03768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 01 / 2014

**Transaction ID : SA11AI.4805**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**STEPHANIE SALVAGNO**

Mailing Address 901 6TH STREET SW  
912A

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 NATIONAL MINING ASSN. POLITICAL DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : SA11AI.4969**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**DONNA SHAW**

Mailing Address 96 BUTTRICK RD

City HAMPSTEAD State NH Zip Code 03841

FEC ID number of contributing federal political committee. **C**

Name of Employer RICK'S MOTORSPORT ELECTRICS Occupation OFFICE MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 02 / 2014

**Transaction ID : SA11AI.4742**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM SMITH**

Mailing Address PO BOX 808

City NEW CASTLE State NH Zip Code 03854

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : SA11AI.4881**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN SNIDER**

Mailing Address 122 SHORNECLIFFE RD

City NEWTON State MA Zip Code 02458

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4948**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. GRACE SOLINSKY**

Mailing Address 59 ROLLING WOODS DRIVE

City BEDFORD State NH Zip Code 03110

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4994**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. GRACE SOLINSKY**

Mailing Address 59 ROLLING WOODS DRIVE

City BEDFORD State NH Zip Code 03110

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5007**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**CRAIG STEVENS**

Mailing Address 130 MCALLISTER ROAD

City BEDFORD State NH Zip Code 03110

FEC ID number of contributing federal political committee. **C**

Name of Employer **DCI GROUP** Occupation **PR CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.5054**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM E STEVENS</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2014	
Mailing Address 5 THISTLE LANE		<b>Transaction ID : SA11AI.4736</b>	
City HOOKSETT	State NH	Zip Code 03106	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer HARVEY CONSTRUCTION	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. JULIAN STOGNIEW</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2014	
Mailing Address 315 PLEASANT POND WAY		<b>Transaction ID : SA11AI.4878</b>	
City MANCHESTER	State NH	Zip Code 03102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer PPNE	Occupation PRESIDENT AND CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. JULIAN STOGNIEW</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2014	
Mailing Address 315 PLEASANT POND WAY		<b>Transaction ID : SA11AI.4879</b>	
City MANCHESTER	State NH	Zip Code 03102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer PPNE	Occupation PRESIDENT AND CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. ELAINE H SWENSON**

Mailing Address 336 PUTNEY HILL RD

City HOPKINTON State NH Zip Code 03229

FEC ID number of contributing federal political committee. **C**

Name of Employer: INFO REQUESTED PER BEST EFFORT  
Occupation: INFO REQUESTED PER BEST EFFORT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.4649**

Amount of Each Receipt this Period: 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**FREDERICK TAUSCH**

Mailing Address 75 WILSON HILL ROAD

City MERRIMACK State NH Zip Code 03054

FEC ID number of contributing federal political committee. **C**

Name of Employer: RETIRED  
Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.5059**

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SIOBHAN TAUTKUS**

Mailing Address 132 ARAH STREET

City MANCHESTER State NH Zip Code 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer: ABBOTT EXECUTIVE SEARCH  
Occupation: FOUNDING PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 14 / 2014

**Transaction ID : SA11AI.4858**

Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. JOHN M TINIOS**

Mailing Address 10 ST ANDREWS WAY

City STRATHAM State NH Zip Code 03885-2499

FEC ID number of contributing federal political committee. **C**

Name of Employer GALLEY HATCH RESTAURANT Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5028**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. DONALD J TRUMP**

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer THE TRUMP ORGANIZATION Occupation FOUNDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5002**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**PAMELA Z TUCKER**

Mailing Address 15 EAGLE CT

City GREENLAND State NH Zip Code 03840

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE OF NEW HAMPSHIRE Occupation STATE REPRESENTATIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4906**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN E TULLEY II**

Mailing Address 147 DW HWY

City NASHUA State NH Zip Code 03060

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation AUTO DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4682**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES M TULLY**

Mailing Address P.O. BOX 53

City EAST WAKEFIELD State NH Zip Code 03830

FEC ID number of contributing federal political committee. **C**

Name of Employer WOODMAN ASSOCIATED INC Occupation FOUNDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 01 / 2014

**Transaction ID : SA11AI.4809**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. JIM WATSON**

Mailing Address 18 PURITAN DRIVE

City BEDFORD State NH Zip Code 03110

FEC ID number of contributing federal political committee. **C**

Name of Employer WATSON INSURANCE AGENCY Occupation SELF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4973**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. Ms. SUSAN WATSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 18 PURITAN DRIVE		<b>Transaction ID : SA11AI.4975</b>	
City BEDFORD	State NH	Zip Code 03110	Amount of Each Receipt this Period _____ 2400.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2400.00		

Full Name (Last, First, Middle Initial) <b>B. DAVID C WEINSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 158 COTTON ST		<b>Transaction ID : SA11AI.4997</b>	
City NEWTON	State MA	Zip Code 02458	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5200.00		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee.		C _____	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 5000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 105750.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 72	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2014

**Transaction ID : SA11C.5081**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 440 FIRST STREET NW  
SUITE 200

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11C.5103**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 440 FIRST STREET NW  
SUITE 200

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11C.5106**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
BAE SYSTEMS INC. POLITICAL ACTION COMMITTEE (BAE SYSTEMS USA PAC)

Mailing Address 1101 WILSON BLVD.

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11C.5079**

Amount of Each Receipt this Period  
 3000.00

**B.** Full Name (Last, First, Middle Initial)  
BAE SYSTEMS INC. POLITICAL ACTION COMMITTEE (BAE SYSTEMS USA PAC)

Mailing Address 1101 WILSON BLVD.

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11C.5082**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
CONGRESSIONAL HOUSE REPUBLICANS IN SERVICE PAC (CHRIS PAC)

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

FEC ID number of contributing federal political committee. **C** C00554535

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.5086**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE

Mailing Address 1250 EYE ST., NW #400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.5088**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
FULL HOUSE PAC

Mailing Address PO BOX 530520

City HENDERSON State NV Zip Code 89053

FEC ID number of contributing federal political committee. **C** C00541128

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.5084**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
HEARTDOCPAC

Mailing Address PO BOX 628

City EVANSVILLE State IN Zip Code 47704

FEC ID number of contributing federal political committee. **C** C00523381

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2014

**Transaction ID : SA11C.5075**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 72  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**KBR, INC. PAC**

Mailing Address **601 JEFFERSON SUITE 3746C**

City **HOUSTON** State **TX** Zip Code **77002**

FEC ID number of contributing federal political committee. **C C00431114**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.5105**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address **600 14TH STREET, NW SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.5095**

Amount of Each Receipt this Period  
**1500.00**

**C.** Full Name (Last, First, Middle Initial)  
**LIBERTY MUTUAL INSURANCE COMPANY - PAC**

Mailing Address **175 BERKELEY STREET**

City **BOSTON** State **MA** Zip Code **02117**

FEC ID number of contributing federal political committee. **C C00171843**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.5092**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**PEOPLE'S SEAT PAC, THE**

Mailing Address **85 MERRIMAC ST STE 400**

City **BOSTON** State **MA** Zip Code **02114**

FEC ID number of contributing federal political committee. **C C00467233**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2014**

**Transaction ID : SA11C.5077**

Amount of Each Receipt this Period  
 4000.00

**B.** Full Name (Last, First, Middle Initial)  
**PUTNAM INVESTMENTS, LLC POLITICAL ACTION COMMITTEE ('PUTNAM PAC')**

Mailing Address **ONE POST OFFICE SQUARE**

City **BOSTON** State **MA** Zip Code **02109**

FEC ID number of contributing federal political committee. **C C00289595**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.5090**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**RAUL LABRADOR FOR IDAHO**

Mailing Address **PO BOX 1616**

City **BOISE** State **ID** Zip Code **83701**

FEC ID number of contributing federal political committee. **C C00470948**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.4633**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)**

Mailing Address P. O. BOX 1011

City State Zip Code  
WHEATON IL 60187

FEC ID number of contributing federal political committee. **C** C00451294

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.5101**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)**

Mailing Address 4800 W. GATES PASS ROAD

City State Zip Code  
TUCSON AZ 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.5094**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**

Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.5097**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**TREY GOWDY FOR CONGRESS**

Mailing Address PO BOX 3324

City State Zip Code  
SPARTANBURG SC 29304

FEC ID number of contributing federal political committee. **C** C00462523

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.4631**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES

Mailing Address 1300 I ST NW, STE 400 WEST  
ATTN: TAYLOR CRAIG

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.5099**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

39000.00

**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 40 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. BARCLAY'S BANK CARD</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address P.O. BOX 877		Amount of Each Disbursement this Period 1409.53
City MANCHESTER	State NH	
Zip Code 03105	Purpose of Disbursement CANDIDATE TRAVEL: SEE MEMO ENTRIES	Transaction ID : SB17.4517
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BARCLAYS BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 125 HIGH STREET # 16		Amount of Each Disbursement this Period 20.00
City BOSTON	State MA	
Zip Code 02110	Purpose of Disbursement BANK FEES	Transaction ID : SB17.4588
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BARCLAYS BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 125 HIGH STREET # 16		Amount of Each Disbursement this Period 23.62
City BOSTON	State MA	
Zip Code 02110	Purpose of Disbursement BANK FEES	Transaction ID : SB17.4589
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1409.53
<b>TOTAL</b> This Period (last page this line number only).....	



**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 41 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. BARCLAYS BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014		
Mailing Address 125 HIGH STREET # 16			Amount of Each Disbursement this Period 25.79		
City BOSTON	State MA	Zip Code 02110	Transaction ID : SB17.4590		
Purpose of Disbursement BANK FEES		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. BARCLAYS BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014		
Mailing Address 125 HIGH STREET # 16			Amount of Each Disbursement this Period 35.00		
City BOSTON	State MA	Zip Code 02110	Transaction ID : SB17.4591		
Purpose of Disbursement BANK FEES		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. BARCLAYS BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014		
Mailing Address 125 HIGH STREET # 16			Amount of Each Disbursement this Period 27.10		
City BOSTON	State MA	Zip Code 02110	Transaction ID : SB17.4592		
Purpose of Disbursement BANK FEES		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 42 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. BARCLAYS BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 125 HIGH STREET # 16		Amount of Each Disbursement this Period 35.00
City BOSTON	State MA Zip Code 02110	
Purpose of Disbursement BANK FEES	Category/Type	<b>Transaction ID : SB17.4593</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DAYS INN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1234 SOLDIERS FIELD ROAD		Amount of Each Disbursement this Period 120.31
City BOSTON	State MA Zip Code 21354	
Purpose of Disbursement TRAVEL: LODGING	Category/Type	<b>Transaction ID : SB17.4595</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 60.30
City AUBURN	State MA Zip Code 01501	
Purpose of Disbursement PAYROLL SERVICES/TAX	Category/Type	<b>Transaction ID : SB17.4563</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.30
<b>TOTAL</b> This Period (last page this line number only).....	

**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 43 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 208.06 <b>Transaction ID : SB17.4564</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 301.59 <b>Transaction ID : SB17.4518</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 38.30 <b>Transaction ID : SB17.4567</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	547.95
<b>TOTAL</b> This Period (last page this line number only).....	

**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 44 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input 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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 208.06 <b>Transaction ID : SB17.4568</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 35.30 <b>Transaction ID : SB17.4571</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 208.06 <b>Transaction ID : SB17.4572</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	451.42
<b>TOTAL</b> This Period (last page this line number only).....	

**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 45 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 35.30 <b>Transaction ID : SB17.4575</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 208.06 <b>Transaction ID : SB17.4576</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 35.30 <b>Transaction ID : SB17.4579</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	278.66
<b>TOTAL</b> This Period (last page this line number only).....	

**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 46 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. EPAY BUSINESS SOLUTIONS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014		
Mailing Address 27A MIDSTATE DR SUITE 218			Amount of Each Disbursement this Period 208.06		
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.4580		
Purpose of Disbursement PAYROLL SERVICES/TAX		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. EPAY BUSINESS SOLUTIONS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014		
Mailing Address 27A MIDSTATE DR SUITE 218			Amount of Each Disbursement this Period 36.70		
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.4585		
Purpose of Disbursement PAYROLL SERVICES/TAX		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014		
Mailing Address 27A MIDSTATE DR SUITE 218			Amount of Each Disbursement this Period 478.81		
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.4586		
Purpose of Disbursement PAYROLL SERVICES/TAX		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	723.57
<b>TOTAL</b> This Period (last page this line number only).....	

**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 47 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1601 WILLOW RD		Amount of Each Disbursement this Period 6.99
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement ONLINE ADVERTISING	Transaction ID : SB17.4597
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GARRETT GAUTHIER</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 5 JAMES CITY RD		Amount of Each Disbursement this Period 650.00
City DEERFIELD	State NH	
Zip Code 03037	Purpose of Disbursement PAYROLL	Transaction ID : SB17.4561
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GARRETT GAUTHIER</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 5 JAMES CITY RD		Amount of Each Disbursement this Period 650.00
City DEERFIELD	State NH	
Zip Code 03037	Purpose of Disbursement PAYROLL	Transaction ID : SB17.4565
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 48 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. GARRETT GAUTHIER</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 5 JAMES CITY RD		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.4569</b>
City DEERFIELD State NH Zip Code 03037	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GARRETT GAUTHIER</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 5 JAMES CITY RD		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.4573</b>
City DEERFIELD State NH Zip Code 03037	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GARRETT GAUTHIER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 5 JAMES CITY RD		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.4577</b>
City DEERFIELD State NH Zip Code 03037	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1950.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 49 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. GARRETT GAUTHIER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 5 JAMES CITY RD		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.4581</b>
City DEERFIELD State NH Zip Code 03037	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GORDON BIRSCH</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 900 F Street NW		Amount of Each Disbursement this Period 16.96 <b>Transaction ID : SB17.4599</b> <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20004	Purpose of Disbursement TRAVEL: FOOD	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HALEY O'NEILL, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address P.O. BOX 16015		Amount of Each Disbursement this Period 6617.83 <b>Transaction ID : SB17.4520</b>
City ALEXANDRIA State VA Zip Code 22302	Purpose of Disbursement RESEARCH CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7267.83
<b>TOTAL</b> This Period (last page this line number only).....	

**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 50 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. L'ENFANT PLAZA HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 480 L'ENFANT PLAZA			Amount of Each Disbursement this Period 209.63
City WASHINGTON	State DC	Zip Code 20024	
Purpose of Disbursement TRAVEL: LODGING		Category/ Type	<b>Transaction ID : SB17.4601</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. L'ENFANT PLAZA HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 480 L'ENFANT PLAZA			Amount of Each Disbursement this Period 262.80
City WASHINGTON	State DC	Zip Code 20024	
Purpose of Disbursement TRAVEL: LODGING		Category/ Type	<b>Transaction ID : SB17.4602</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. LAZ PARKING</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 4 COPLEY PLACE SUITE 440A			Amount of Each Disbursement this Period 23.00
City BOSTON	State MA	Zip Code 02116	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type	<b>Transaction ID : SB17.4604</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 51 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A. MARBLEPORT LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 137 WEST MERRIMACK STREET  
NO. 2

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 22 / 2014

Amount of Each Disbursement this Period: 7500.00

Transaction ID : SB17.4524

**B. MY PRINT & COPY, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 CUMMINGS CENTER  
SUITE 210D

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2014

Amount of Each Disbursement this Period: 425.90

Transaction ID : SB17.4526

**C. OFFICE ALTERNATIVES, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 186 GRANITE STREET

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 18 / 2014

Amount of Each Disbursement this Period: 721.00

Transaction ID : SB17.4609

**SUBTOTAL** of Disbursements This Page (optional) ..... 8646.90

**TOTAL** This Period (last page this line number only) .....

**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 52 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. PEOPLE'S SEAT PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 85 MERRIMAC STREET STE 400		Amount of Each Disbursement this Period 2700.00 <b>Transaction ID : SB17.4528</b>
City BOSTON State MA Zip Code 02114	Purpose of Disbursement LIST RENTAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PRECISION MARKETING, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address P.O. BOX 7670		Amount of Each Disbursement this Period 4212.00 <b>Transaction ID : SB17.4530</b>
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement DIRECT MAIL PRINTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 138 CONANT STREET 1ST FLOOR		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4531</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8912.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 53 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 138 CONANT STREET 1ST FLOOR		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4532</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 138 CONANT STREET 1ST FLOOR		Amount of Each Disbursement this Period 2001.25 <b>Transaction ID : SB17.4533</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RED OAK</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 66 HANOVER STREET STE. 300		Amount of Each Disbursement this Period 552.50 <b>Transaction ID : SB17.4535</b>
City MANCHESTER State NH Zip Code 03101	Purpose of Disbursement RENT & UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4553.75
<b>TOTAL</b> This Period (last page this line number only).....	

**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 54 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A. RED OAK**

Full Name (Last, First, Middle Initial)

Mailing Address 66 HANOVER STREET  
STE. 300

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement RENT & UTILITIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 04 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4536

**B. RED OAK**

Full Name (Last, First, Middle Initial)

Mailing Address 66 HANOVER STREET  
STE. 300

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement RENT & UTILITIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4537

**C. JAY RUAIS**

Full Name (Last, First, Middle Initial)

Mailing Address 28 ZION HILL RD

City SALEM State NH Zip Code 03079

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 28 / 2014

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.4584

**SUBTOTAL** of Disbursements This Page (optional) ..... 3500.00

**TOTAL** This Period (last page this line number only) .....

**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 55 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. SCR &amp; ASSOCIATES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 100 TRADE CENTER SUITE G-700		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4538</b>
City WOBURN State MA Zip Code 01801	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SCR &amp; ASSOCIATES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 100 TRADE CENTER SUITE G-700		Amount of Each Disbursement this Period 4860.00 <b>Transaction ID : SB17.4539</b>
City WOBURN State MA Zip Code 01801	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SEACOAST BUSINESS MACHINES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 11 COLONIAL WAY		Amount of Each Disbursement this Period 280.03 <b>Transaction ID : SB17.4541</b>
City BURLINGTON State NH Zip Code 03825	Purpose of Disbursement EQUIPMENT RENTAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8140.03
<b>TOTAL</b> This Period (last page this line number only).....	

**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 56 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. SRCP MEDIA, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 07 / 2014</b>
Mailing Address <b>201 N. UNION STREET</b>		Amount of Each Disbursement this Period <b>1293.24</b> <b>Transaction ID : SB17.4542</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>AUDIO VISUAL SERVICE</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 18 / 2014</b>
Mailing Address <b>659 WORCESTER RD</b>		Amount of Each Disbursement this Period <b>119.13</b> <b>Transaction ID : SB17.4614</b>
City <b>FRAMINGHAM</b> State <b>MA</b> Zip Code <b>01701</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 18 / 2014</b>
Mailing Address <b>659 WORCESTER RD</b>		Amount of Each Disbursement this Period <b>189.99</b> <b>Transaction ID : SB17.4615</b>
City <b>FRAMINGHAM</b> State <b>MA</b> Zip Code <b>01701</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1602.36</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**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 57 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. EMMA TAUTKUS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 132 ARAH STREET		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4562</b>
City MANCHESTER State NH Zip Code 03104	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EMMA TAUTKUS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 132 ARAH STREET		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4566</b>
City MANCHESTER State NH Zip Code 03104	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EMMA TAUTKUS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 132 ARAH STREET		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4570</b>
City MANCHESTER State NH Zip Code 03104	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 58 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. EMMA TAUTKUS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 132 ARAH STREET		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4574</b>
City MANCHESTER State NH Zip Code 03104	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EMMA TAUTKUS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 132 ARAH STREET		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4578</b>
City MANCHESTER State NH Zip Code 03104	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EMMA TAUTKUS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 132 ARAH STREET		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.4582</b>
City MANCHESTER State NH Zip Code 03104	Purpose of Disbursement PAYROLL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. TAXI MAGIC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 5904 RICHMOND HWY		Amount of Each Disbursement this Period 6.75
City ALEXANDRIA	State VA Zip Code 22303	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB17.4617
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TAXI MAGIC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 5904 RICHMOND HWY		Amount of Each Disbursement this Period 12.71
City ALEXANDRIA	State VA Zip Code 22303	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB17.4618
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE PROSPER GROUP CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 435 EAST MAIN STREET STE 250		Amount of Each Disbursement this Period 274.17
City GREENWOOD	State IN Zip Code 46143	
Purpose of Disbursement DIGITAL CONSULTING		Transaction ID : SB17.4543
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	274.17
<b>TOTAL</b> This Period (last page this line number only).....	

**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 60 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. THE PROSPER GROUP CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 435 EAST MAIN STREET STE 250		Amount of Each Disbursement this Period 1790.30 <b>Transaction ID : SB17.4544</b>
City GREENWOOD State IN Zip Code 46143	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE PROSPER GROUP CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 435 EAST MAIN STREET STE 250		Amount of Each Disbursement this Period 1189.91 <b>Transaction ID : SB17.4545</b>
City GREENWOOD State IN Zip Code 46143	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE TOWNSEND GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 865.43 <b>Transaction ID : SB17.4547</b>
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3845.64
<b>TOTAL</b> This Period (last page this line number only).....	

**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 61 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial)		Date of Disbursement			
<b>A. TRANSAXT</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>01 / 02 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	01 / 02 / 2014
M M / D D / Y Y Y Y					
01 / 02 / 2014					
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period			
City GRAND RAPIDS State MI Zip Code 49503		<table border="1"> <tr> <td>594.42</td> </tr> </table>		594.42	
594.42					
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.4548			
Candidate Name		Category/Type			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014			
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial)		Date of Disbursement			
<b>B. TRANSAXT</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>01 / 09 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	01 / 09 / 2014
M M / D D / Y Y Y Y					
01 / 09 / 2014					
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period			
City GRAND RAPIDS State MI Zip Code 49503		<table border="1"> <tr> <td>22.50</td> </tr> </table>		22.50	
22.50					
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.4549			
Candidate Name		Category/Type			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014			
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial)		Date of Disbursement			
<b>C. TRANSAXT</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>01 / 09 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	01 / 09 / 2014
M M / D D / Y Y Y Y					
01 / 09 / 2014					
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period			
City GRAND RAPIDS State MI Zip Code 49503		<table border="1"> <tr> <td>413.98</td> </tr> </table>		413.98	
413.98					
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.4550			
Candidate Name		Category/Type			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014			
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	594.42
<b>TOTAL</b> This Period (last page this line number only).....	

**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 62 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 7.20
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.4551
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 45.00
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.4552
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 128.70
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.4553
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	180.90
<b>TOTAL</b> This Period (last page this line number only).....	

**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 63 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial)

**A. TRANSAXT**

Mailing Address 190 MONROE AVE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
02 / 13 / 2014

Amount of Each Disbursement this Period  
95.12

Transaction ID : SB17.4554

Category/Type

Full Name (Last, First, Middle Initial)

**B. TRANSAXT**

Mailing Address 190 MONROE AVE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
02 / 21 / 2014

Amount of Each Disbursement this Period  
35.98

Transaction ID : SB17.4555

Category/Type

Full Name (Last, First, Middle Initial)

**C. TRANSAXT**

Mailing Address 190 MONROE AVE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
02 / 26 / 2014

Amount of Each Disbursement this Period  
85.92

Transaction ID : SB17.4556

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 217.02

**TOTAL** This Period (last page this line number only).....

**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 64 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 261.00 <b>Transaction ID : SB17.4557</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 4.50 <b>Transaction ID : SB17.4558</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 207.00 <b>Transaction ID : SB17.4559</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	472.50
<b>TOTAL</b> This Period (last page this line number only).....	



**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 65 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial)  
**A. TRANSAXT**

Mailing Address 190 MONROE AVE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 27 / 2014

Amount of Each Disbursement this Period  
17.98

Transaction ID : SB17.4560

Full Name (Last, First, Middle Initial)  
**B. UBER**

Mailing Address 186 S STREET

City BOSTON State MA Zip Code 02111

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 13 / 2014

Amount of Each Disbursement this Period  
9.38

Transaction ID : SB17.4620

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. UBER**

Mailing Address 186 S STREET

City BOSTON State MA Zip Code 02111

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 13 / 2014

Amount of Each Disbursement this Period  
17.09

Transaction ID : SB17.4621

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 17.98

**TOTAL** This Period (last page this line number only).....

**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 66 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A. UBER**

Full Name (Last, First, Middle Initial)  
Mailing Address 186 S STREET

City BOSTON State MA Zip Code 02111

Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2014

Amount of Each Disbursement this Period: 21.60

Transaction ID : SB17.4622

[MEMO ITEM]

**B. USAIR**

Full Name (Last, First, Middle Initial)  
Mailing Address 4000 W. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2014

Amount of Each Disbursement this Period: 365.80

Transaction ID : SB17.4624

[MEMO ITEM]

**C. VERIZON WIRELESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 15062

City ALBANY State NY Zip Code 12212

Purpose of Disbursement MOBILE PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2014

Amount of Each Disbursement this Period: 170.00

Transaction ID : SB17.4628

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**TOTAL** This Period (last page this line number only) ..... 62446.93

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4110

**FRIENDS OF FRANK GUINTA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

**FRANK GUINTA**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 877

City

State

ZIP Code

MANCHESTER

NH

03105

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

46500.00

53500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03

28

2010

None

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

53500.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4113

FRIENDS OF FRANK GUINTA

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

FRANK GUINTA

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 877

City

State

ZIP Code

MANCHESTER

NH

03105

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

125000.00

0.00

125000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

27

2010

None

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional).....

125000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

**FRIENDS OF FRANK GUINTA**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

**FRANK GUINTA**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 877

City

State

ZIP Code

MANCHESTER

NH

03105

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

60000.00

0.00

60000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09

03

2010

None

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

60000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF FRANK GUINTA** Transaction ID : **SC/10.4115**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>FRANK GUINTA</b>	<b>[PERSONAL FUNDS]</b>	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 877		

City	State	ZIP Code
MANCHESTER	NH	03105

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>			
Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 10 / Y 2010 Y	M M / D D / Y None Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	288500.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**FRIENDS OF FRANK GUINTA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Financial Services</b>	Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 30844	
City State Zip Code Bethesda MD 20824	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="385.00"/>	<b>Transaction ID : SD10.4145</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="385.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Financial Services</b>	Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 30844	
City State Zip Code Bethesda MD 20824	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="110.00"/>	<b>Transaction ID : SD10.4151</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="110.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Financial Services</b>	Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 30844	
City State Zip Code Bethesda MD 20824	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="110.00"/>	<b>Transaction ID : SD10.4156</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="110.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="605.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="0.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**FRIENDS OF FRANK GUINTA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Campaign Financial Services**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824

Nature of Debt (Purpose):  
Compliance Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4161**  
110.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 110.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Campaign Financial Services**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824

Nature of Debt (Purpose):  
Compliance Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4169**  
360.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 360.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	470.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	1075.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	288500.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	289575.00