

# 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  
**TISEI CONGRESSIONAL COMMITTEE**

ADDRESS (number and street) 26 MAIN STREET  
 Check if different than previously reported. (ACC) LYNNFIELD MA 01940

2. **FEC IDENTIFICATION NUMBER** ▼ C C00506170 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
MA 06

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
04 / 01 / 2014 through 06 / 30 / 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 BRIAN CRESTA  
Signature of Treasurer BRIAN CRESTA [Electronically Filed] Date M M / D D / Y Y Y Y  
07 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**TISEI CONGRESSIONAL COMMITTEE**

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))....	423793.47	47108.05
(b) Total Contribution Refunds (from Line 20(d)) .....	100.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	423693.47	47108.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	218017.21	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	218017.21	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	819918.81	
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).....	0.00	

**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

**TISEI CONGRESSIONAL COMMITTEE**

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).....	295056.19	47108.05
(ii) Unitemized.....	50822.28	0.00
(iii) TOTAL of contributions from individuals ▶	345878.47	47108.05
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	77915.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	423793.47	47108.05
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	44986.51	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>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	468779.98	47108.05

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	218017.21	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	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)).....	100.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	218117.21	0.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	569256.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	468779.98
25. SUBTOTAL (add Line 23 and Line 24).....	1038036.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	218117.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	819918.81

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JEHAD ABU-ZAHRA**

Mailing Address **29 MACKENZIE LANE**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **FISHER COLLEGE** Occupation **PROFESSOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7681**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **67 WALNUT RD**

City **WENHAM** State **MA** Zip Code **01985**

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

Name of Employer **BANK OF AMERICA** Occupation **BANKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : SA11AI.8562**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **38 BROOKS ST**

City **WINCHESTER** State **MA** Zip Code **01890**

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

Name of Employer **EXAMWORKS** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7696**

Amount of Each Receipt this Period  
**250.00**

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

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

**1250.00**

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD R AFRIKIAN**

Mailing Address **25 MORRISON RD W**

City **WAKEFIELD** State **MA** Zip Code **01880-2150**

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

Name of Employer **ESIS INC** Occupation **INSURANCE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**240.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7773**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **65 COUNTRY CLUB WAY**

City **IPSWICH** State **MA** Zip Code **01938**

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  
**06 / 12 / 2014**

**Transaction ID : SA11AI.8112**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **135 COUNTRY CLUB ROAD**

City **MELROSE** State **MA** Zip Code **02176**

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

Name of Employer **RETIRED** Occupation **SELF EMPLOYED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 08 / 2014**

**Transaction ID : SA11AI.7188**

Amount of Each Receipt this Period  
**250.00**

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

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

**600.00**

**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 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 607 NORTH AVE STE 15-2

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
CYBER 360 SOLUTIONS EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11AI.8492**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE T. ALBRECHT**

Mailing Address 394 WASHINGTON ST.

City State Zip Code  
WOBURN MA 01801

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

Name of Employer Occupation  
WOBURN FOREIGN MOTORS PRESIDENT

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  
 06 / 20 / 2014

**Transaction ID : SA11AI.8258**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1 WILLOWDALE DR

City State Zip Code  
LYNNFIELD MA 01940

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

Name of Employer Occupation  
NORTHRUP ASSOCIATES REAL ESTATE BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7742**

Amount of Each Receipt this Period  
250.00

**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: PAGE 8 OF 243  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CARL A ANDERSON**

Mailing Address 10 WOODCREST RD

City State Zip Code  
MANCHESTER MA 01944-1034

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANDERSON CONTRACTING SERVICE OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.8407**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**JOHN A ANDERSON JR**

Mailing Address 3 WILLOWBY WAY

City State Zip Code  
LYNNFIELD MA 01940-1021

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ANDERSON COMPONENT CORP SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.8892**

Amount of Each Receipt this Period

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

Mailing Address 22 ANTICO CIRCLE

City State Zip Code  
WALTHAM MA 02453

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.7612**

Amount of Each Receipt this Period

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

**TOTAL** 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 9 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN ANTICO**

Mailing Address 70 CHARLES RIVER RD

City State Zip Code  
WALTHAM MA 02453

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

Name of Employer Occupation  
ANTICO ESCAVATING CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2014

**Transaction ID : SA11AI.7610**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. GREGORY T ANTONELLI**

Mailing Address 140 TREMONT ST

City State Zip Code  
EVERETT MA 02149

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

Name of Employer Occupation  
GTA LANDSCAPING 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  
06 / 30 / 2014

**Transaction ID : SA11AI.8738**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS M ATWOOD**

Mailing Address 2 HILLTOP CIR.

City State Zip Code  
WEST NEWBURY MA 01985-1815

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

Name of Employer Occupation  
SELF-EMPLOYED FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2014

**Transaction ID : SA11AI.7750**

Amount of Each Receipt this Period  
250.00

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

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

1050.00

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH BADOLATO JR**

Mailing Address 410 SALEM ST  
APT 807

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
WINE GRAPES OF NEW ENGLAND MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8884**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**SHEILA A BADOLATO**

Mailing Address 5 HUTTON ST

City State Zip Code  
DANVERS MA 01923-3858

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

Name of Employer Occupation  
MASS LIFT TRUCK SERVICE BUSINESS MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8878**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES BAKER DR.**

Mailing Address 865 CENTRAL AVE  
UNIT E-204

City State Zip Code  
NEEDHAM MA 02492

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.7353**

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 11 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **865 CENTRAL AVE**  
**UNIT E-204**

City **NEEDHAM** State **MA** Zip Code **02492**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.9009**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **3920 MYSTIC VALLEY PARKWAY**  
**SUITE 109**

City **MEDFORD** State **MA** Zip Code **02155**

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

Name of Employer **WILLIAM J. BARABINO** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 28 / 2014**

**Transaction ID : SA11AI.7116**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M BASILE**

Mailing Address **15 FERNWAY**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **JANNEY MONTGOMERY SCOTT LLC** Occupation **FINANCIAL SERVICES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7668**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

**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 12 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 15 FERNWAY

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer Occupation  
NURSE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7666**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 31 SETTLERS WAY

City SALEM State MA Zip Code 01970

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

Name of Employer Occupation  
RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8548**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1 CAROL ANN ROAD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer Occupation  
NORTHRUP ASSOCIATES REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.8082**

Amount of Each Receipt this Period  
 250.00

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 13 OF 243  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 94 PROSPECT ST

City State Zip Code  
READING MA 01867

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

Name of Employer Occupation  
RAYTHEON DEFENSE CONTRACTOR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7712**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4 DUNLAP RD

City State Zip Code  
BURLINGTON MA 01803

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

Name of Employer Occupation  
CN WOOD CO INC EXECUTIVE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11AI.7124**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 28 CRYSTAL DR

City State Zip Code  
STONEHAM MA 02180

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

Name of Employer Occupation  
BENNETT CONST CO CONTRACTOR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8894**

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 14 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. SARAH BENT**

Mailing Address **1 LEONARD ST**

City **GLOUCESTER** State **MA** Zip Code **01930**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : SA11AI.8382**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**ARTHUR F BERARDINO**

Mailing Address **6 VICTORIA STREET**

City **EVERETT** State **MA** Zip Code **02149**

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

Name of Employer **STATE LINE GRAPHICS** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8916**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **4 STAFFORD RD**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **STATE LINE GRAPHICS** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8914**

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 15 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ANTHONY SCOTT BERCUME**

Mailing Address 36 FAIRVIEW AVE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer MWRA Occupation SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8922**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 36 CLARKE STREET

City LEXINGTON State MA Zip Code 02421

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  
 06 / 23 / 2014

**Transaction ID : SA11AI.8455**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 109 FOX RUN

City SUDBURY State MA Zip Code 01776

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

Name of Employer AMC CORPORATION Occupation EXECUTIVE VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.7986**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 115 RICHMOND ST.

City State Zip Code  
BOSTON MA 02109

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

Name of Employer Occupation  
GOODWIN PROCTOR LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2014

**Transaction ID : SA11AI.7692**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**BRADLEY MARK BLOOM**

Mailing Address 11 ALBION ROAD

City State Zip Code  
WELLESLEY MA 02481

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

Name of Employer Occupation  
BERKSHIRE PARTNERS LLC. INVESTMENTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2014

**Transaction ID : SA11AI.8177**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 12 WIRTHMORE LANE

City State Zip Code  
LYNNFIELD MA 01940

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  
06 / 02 / 2014

**Transaction ID : SA11AI.7991**

Amount of Each Receipt this Period  
50.00

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

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

2300.00



**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 17 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THOMAS BOGART</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 12 WIRTHMORE LANE		<b>Transaction ID : SA11AI.8480</b>
City LYNNFIELD	State MA Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 260.00	

Full Name (Last, First, Middle Initial) <b>B. KEVIN BOHOWLEY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address PO BOX 369		<b>Transaction ID : SA11AI.8380</b>
City HAMILTON	State MA Zip Code 01936	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PEOPLE'S UNITED FINANCIAL	Occupation BANKER	
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. DR. THOMAS J BOMBARDIER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 195 HANOVER ST		<b>Transaction ID : SA11AI.8772</b>
City HANOVER	State MA Zip Code 02339	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ASCOA	Occupation	
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).....	3110.00
<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 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **3 DEER PATH LANE**

City **READING** State **MA** Zip Code **01867**

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  
**1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11AI.8292**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **12 CLINTON STREET**

City **CAMBRIDGE** State **MA** Zip Code **02139**

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

Name of Employer **RIVERSIDE PARTNERS** Occupation **GENERAL PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11AI.7441**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO BOX 1471**

City **GLOUCESTER** State **MA** Zip Code **01931**

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

Name of Employer **BONMAL INC** 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  
**06 / 12 / 2014**

**Transaction ID : SA11AI.8122**

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: (check only one)	PAGE 19 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR BOURQUE**

Mailing Address 116 LOCKSLEY ROAD

City LYNNFIELD State MA Zip Code 01940

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7677**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 116 LOCKSLEY ROAD

City LYNNFIELD State MA Zip Code 01940

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7675**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 116 LOCKSLEY ROAD

City LYNNFIELD State MA Zip Code 01940

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7676**

Amount of Each Receipt this Period  
2600.00

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

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

5400.00

**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 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID 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 Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.7393**

Amount of Each Receipt this Period  
5200.00

SEE REDESIGNATION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**DAVID 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 Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.7394**

Amount of Each Receipt this Period  
-2600.00

SEE REDESIGNATION BELOW

**C.** Full Name (Last, First, Middle Initial)  
**DAVID 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 Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.7395**

Amount of Each Receipt this Period  
2600.00

REDESIGNATED

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

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

5200.00

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address P. O. BOX 474

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer ENDOEVOLUTION, LLC Occupation FOUNDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 17 / 2014

**Transaction ID : SA11A1.7594**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 27 SHERMAN STREET

City PORTLAND State ME Zip Code 04101

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

Name of Employer PRETI FLAHERTY Occupation PUBLIC AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11A1.7884**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1350 MAIN ST

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer NORTHRUP ASSOCIATES Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11A1.7061**

Amount of Each Receipt this Period  
 250.00

**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 22 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DR. ARTHUR BUCKLEY**

Mailing Address **5 CEDAR GROVE AVE**

City **PEABODY** State **MA** Zip Code **01960**

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

Name of Employer **SELF** Occupation **DENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : SA11AI.7253**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT BUELL**

Mailing Address **P.O. BOX 181**

City **BOXFORD** State **MA** Zip Code **01921**

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

Name of Employer **SELF** Occupation **INSURANCE BROKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11AI.8114**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J BUETOW**

Mailing Address **10 CABOT COURT**

City **AMESBURY** State **MA** Zip Code **01913**

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

Name of Employer **UP MEDIA GROUP** Occupation **PUBLISHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 04 / 2014**

**Transaction ID : SA11AI.7860**

Amount of Each Receipt this Period  
**250.00**

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

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

**600.00**

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. GERALDINE BUNKER**

Mailing Address 42 COUNTRY CLUB WAY

City: IPSWICH State: MA Zip Code: 01938

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: 500.00

Date of Receipt: 06 / 12 / 2014

**Transaction ID : SA11AI.8123**

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. NELSON BURBANK**

Mailing Address 24 JUNIPER CIR

City: READING State: MA Zip Code: 01867

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: 3000.00

Date of Receipt: 05 / 14 / 2014

**Transaction ID : SA11AI.7312**

Amount of Each Receipt this Period: 500.00

SEE REDESIGNATION BELOW

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

Mailing Address 24 JUNIPER CIR

City: READING State: MA Zip Code: 01867

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: 2600.00

Date of Receipt: 05 / 14 / 2014

**Transaction ID : SA11AI.7396**

Amount of Each Receipt this Period: -400.00

SEE REDESIGNATION BELOW

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

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

350.00

**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 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. NELSON BURBANK**

Mailing Address **24 JUNIPER CIR**

City **READING** State **MA** Zip Code **01867**

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 **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.7397**

Amount of Each Receipt this Period  
**400.00**  
 REDESIGNATED

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

Mailing Address **49 WEST EMERSON STREET**

City **MELROSE** State **MA** Zip Code **02176**

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

Name of Employer **NORTHSHORE HOME SERVICES** Occupation **CONTRACTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : SA11AI.7584**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **103 HART STREET**

City **BEVERLY FARMS** State **MA** Zip Code **01915**

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 **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : SA11AI.7987**

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 25 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 103 HART STREET

City State Zip Code  
BEVERLY FARMS MA 01915

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  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2014

**Transaction ID : SA11AI.8401**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 29 HERITAGE LANE

City State Zip Code  
LYNNFIELD MA 01940-2506

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  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2014

**Transaction ID : SA11AI.8540**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 52 FAIRWAY RD

City State Zip Code  
CHESTNUT HILL MA 02467

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

Name of Employer Occupation  
SELF-EMPLOYED MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2014

**Transaction ID : SA11AI.7969**

Amount of Each Receipt this Period  
2000.00

**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: (check only one)		PAGE 26 OF 243	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ERIN CALVO-BACCI**

Mailing Address 494 MAIN STREET  
FLOOR 2

City READING State MA Zip Code 01867

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

Name of Employer BACCI CHOCOLATE DESIGN Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.8334**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 176 CHURCH STREET

City LOWELL State MA Zip Code 01852

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

Name of Employer GILBERT CAMPBELL REAL ESTATE Occupation BUSINESS EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8925**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 9 OLD NECK RD

City MANCHESTER State MA Zip Code 01944

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

Name of Employer SELF EMPLOYED Occupation ENTREPRENEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2014

**Transaction ID : SA11AI.8386**

Amount of Each Receipt this Period  
250.00

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

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

2550.00

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 131 DRUID HILL AVE.

City: METHUEN State: MA Zip Code: 01844

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

Name of Employer: F.H. CANN AND ASSOCAITES Occupation: CEO OF COMPANY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 09 / 2014

**Transaction ID : SA11AI.7186**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 15 11TH ST

City: SALISBURY State: MA Zip Code: 01952

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

Name of Employer: F.H. CANN AND ASSOCIATES Occupation: ADMINISTRATIVE ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 265.00

Date of Receipt: 05 / 09 / 2014

**Transaction ID : SA11AI.7184**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 3 MAGNOLIA DR

City: LYNNFIELD State: MA Zip Code: 01940

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: 06 / 30 / 2014

**Transaction ID : SA11AI.8890**

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 28 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS CATALDO**

Mailing Address **3 BALDWIN LANE**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **CATALDO AMBULANCE** Occupation **VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8870**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **31 LINCOLN HOUSE PT**

City **SWAMPSCOTT** State **MA** Zip Code **01907**

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

Name of Employer **LONGFELLOW BENEFITS** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 07 / 2014**

**Transaction ID : SA11AI.7133**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WALTER T CHAFFEE**

Mailing Address **17 JUNIPER RD**

City **FRANKLIN** State **MA** Zip Code **02038**

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

Name of Employer **AMEC** Occupation **NORTHEAST US AREA 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  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8712**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

**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 29 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **178 LOWELL ST  
UNIT 1**

City **READING** State **MA** Zip Code **01867**

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

Name of Employer **PRESIDIO NETWORKED SOLUTIONS** Occupation **FINANCE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : SA11AI.8247**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **19 MEADOWBROOK RD.**

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

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

Name of Employer **NONE** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : SA11AI.8098**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **9 LEDGEWOOD WAY  
APT 12**

City **PEABODY** State **MA** Zip Code **01960**

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

Name of Employer **BUNKER HILL COMMUNITY COLLEGE** Occupation **FACILITIES MGR-STAFF ASSISTANT TO DE/**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8912**

Amount of Each Receipt this Period  
**500.00**

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

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

**3150.00**

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CONSTANCE H CHRISTAKOS**

Mailing Address 75 HUNTINGTON ST

City State Zip Code  
LOWELL MA 01852

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

Name of Employer Occupation  
PALMERS RESTAURANT HOSTESS

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.8732**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**NIWEDITA PRADHAN CHUNG**

Mailing Address 370 OCEAN AVE  
APT 609

City State Zip Code  
REVERE MA 02151-2650

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

Name of Employer Occupation  
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.8882**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 78 HIGH POPPLES RD

City State Zip Code  
GLOUCESTER MA 01930

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

Name of Employer Occupation  
COPERNICUS MARKETING CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8820**

Amount of Each Receipt this Period  
4500.00  
SEE REDESIGNATION BELOW

**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 31 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DR. KEVIN CLANCY**

Mailing Address 78 HIGH POPPLES RD

City State Zip Code  
GLOUCESTER MA 01930

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

Name of Employer Occupation  
COPERNICUS MARKETING CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8986**

Amount of Each Receipt this Period  
-1900.00  
SEE REDESIGNATION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**DR. KEVIN CLANCY**

Mailing Address 78 HIGH POPPLES RD

City State Zip Code  
GLOUCESTER MA 01930

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

Name of Employer Occupation  
COPERNICUS MARKETING CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8987**

Amount of Each Receipt this Period  
1900.00  
REDESIGNATED

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

Mailing Address 51 TURKEY HILL ROAD

City State Zip Code  
WEST NEWBURY MA 01985

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  
06 / 30 / 2014

**Transaction ID : SA11AI.8971**

Amount of Each Receipt this Period  
100.00

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

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

100.00

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 14 ARBOR STREET

City WENHAM State MA Zip Code 01984

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  
295.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8565**

Amount of Each Receipt this Period  
45.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALAN COFFIN**

Mailing Address 11 GOULD STREET

City WAKEFIELD State MA Zip Code 01880

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  
 05 / 23 / 2014

**Transaction ID : SA11AI.7438**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 72 HARBOR STREET

City MANCHESTER State MA Zip Code 01944

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

Name of Employer FIRST ATLANTIC CAPITAL, LLC Occupation REAL ESTATE INVESTMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8981**

Amount of Each Receipt this Period  
2600.00

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

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

3645.00



**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. T PHILIP COMENOS**

Mailing Address 1 DEXTER LN

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer Occupation  
KENETICS CORPORATION 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  
06 / 26 / 2014

**Transaction ID : SA11AI.8405**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 63 BRIDGE ST.

City State Zip Code  
SALEM NH 03079

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

Name of Employer Occupation  
THE REVOLUTION GROUP PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.8262**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 823 ANDOVER STREET

City State Zip Code  
LOWELL MA 01852

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

Name of Employer Occupation  
CONWAY INSURANCE INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2014

**Transaction ID : SA11AI.8556**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**HENRY W COOK**

Mailing Address **65 FOREST STREET**

City **MANCHESTER** State **MA** Zip Code **01944**

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

Name of Employer **SALEM CAPITAL MANAGEMENT** Occupation **DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11AI.8214**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**NEIL A COOPER**

Mailing Address

City **SWAMPSCOTT** State **MA** Zip Code **01907**

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  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11AI.7967**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **24 SMITH AVENUE**

City **READING** State **MA** Zip Code **01867**

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

Name of Employer **CARGO TRANSPORT INC** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : SA11AI.8676**

Amount of Each Receipt this Period  
**250.00**

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

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

**1250.00**

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **COVINGTON ASSOCIATES**  
**265 FRANKLIN STREET**

City **BOSTON** State **MA** Zip Code **02110**

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

Name of Employer **ANONYMOUS** Occupation **PRIVATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : SA11AI.8695**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **COVINGTON ASSOCIATES**  
**265 FRANKLIN STREET**

City **BOSTON** State **MA** Zip Code **02110**

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

Name of Employer **ANONYMOUS** Occupation **PRIVATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : SA11AI.8697**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **21 STRAWBERRY HILL LANE**

City **READING** State **MA** Zip Code **01867**

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

Name of Employer **CHS** Occupation **PRES/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  
**06 / 20 / 2014**

**Transaction ID : SA11AI.8434**

Amount of Each Receipt this Period  
**250.00**

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

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

**1250.00**

**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 36 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DONALD CURIALE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 55 WALDINGFIELD RD		<b>Transaction ID : SA11AI.7157</b>	
City IPSWICH	State MA	Zip Code 01938	
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		

Full Name (Last, First, Middle Initial) <b>B. THEODORE H CUTLER</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 33 COMMONWEALTH AVE.		<b>Transaction ID : SA11AI.7852</b>	
City BOSTON	State MA	Zip Code 02116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer THE INTERFACE GROUP	Occupation EXECUTIVE		
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. MR. VINCENT CUTTONE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 225 PARK LN		<b>Transaction ID : SA11AI.7608</b>	
City CONCORD	State MA	Zip Code 01742	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer PROTECH TOWING AND AUTO	Occupation PRESIDENT & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3900.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JANET D'ORSI**

Mailing Address 52 MAIN ST

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
GINGERBREAD CONSTRUCTION CO. BAKERY OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11A1.7177**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**JANET M DAGOSTINO**

Mailing Address 3 ECHO AVE.

City State Zip Code  
FALMOUTH MA 02540

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

Name of Employer Occupation  
XEROX PROGRAM DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11A1.7816**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3 LANTERN LANE

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
NATIONAL GRID 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  
 05 / 30 / 2014

**Transaction ID : SA11A1.7686**

Amount of Each Receipt this Period  
250.00

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

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

800.00

**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 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSHUA DAVIS**

Mailing Address 54 ACADEMY STREET

City ARLINGTON State MA Zip Code 02476-6436

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

Name of Employer FREEMAN DAVIS & STEARNS Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7602**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT DEEB**

Mailing Address 5 FREMONT STREET

City WINTHROP State MA Zip Code 02152

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

Name of Employer MSA MORTGAGE INC. Occupation MORTGAGE BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.7965**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 53 RAYMOND ST.

City MANCHESTER State MA Zip Code 01944

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

Name of Employer PRESIDENT/CEO Occupation CONSTRUCTION COMPANY (WINDOVER)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.8377**

Amount of Each Receipt this Period  
1000.00

**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 39 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREW B DELORY**

Mailing Address 16 HUNTINGDON RD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer Occupation  
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8874**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 16 HUNTINGDON RD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8862**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 18 ASPEN ROAD

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer Occupation  
SELF ESL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.8689**

Amount of Each Receipt this Period  
 100.00

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

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

600.00

**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 40 OF 243	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 18 ASPEN ROAD

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer SELF-EMPLOYED Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8777**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. JOANN DEROSA**

Mailing Address 83 BIRCH ST

City PEABODY State MA Zip Code 01960

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8805**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 100 UNICORN PARK DR  
STE 2

City WOBURN State MA Zip Code 01801

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

Name of Employer DESANCTIS INSURANCE Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8728**

Amount of Each Receipt this Period  
**500.00**

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

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

**850.00**



**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 41 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS J DESIMONE**

Mailing Address PO BOX 406

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer S.R. WEINER & ASSOCIATES Occupation REAL ESTATE DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.7361**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS J DESIMONE**

Mailing Address PO BOX 406

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer S.R. WEINER & ASSOCIATES Occupation REAL ESTATE DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.7362**

Amount of Each Receipt this Period  
2600.00

TO BE REFUNDED

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

Mailing Address PO BOX 5545

City BEVERLY State MA Zip Code 01915

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

Name of Employer NONE Occupation NONE

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.8660**

Amount of Each Receipt this Period  
2600.00

**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 42 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. UGO DIBIASE**

Mailing Address **PO BOX 780**

City **LYNNFIELD** State **MA** Zip Code **01940-0780**

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

Name of Employer **BNY MELLON WEALTH MANAGEMENT** Occupation **SALES ASSOCIATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 28 / 2014**

**Transaction ID : SA11AI.7112**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO BOX 780**

City **LYNNFIELD** State **MA** Zip Code **01940**

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  
**06 / 27 / 2014**

**Transaction ID : SA11AI.9285**

Amount of Each Receipt this Period  
**500.00**

INFORMATION REQUESTED

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

Mailing Address **1266 FURNACE BROOK PKWY**

City **QUINCY** State **MA** Zip Code **02169**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11AI.7399**

Amount of Each Receipt this Period  
**250.00**

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

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

**1250.00**

**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 43 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. LEROY DIRKS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 3 LOBAO DR		<b>Transaction ID : SA11AI.8824</b>
City DANVERS	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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 300.00	

Full Name (Last, First, Middle Initial) <b>B. NANCY DIRKS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2014
Mailing Address 710 COLE RANCH ROAD		<b>Transaction ID : SA11AI.8241</b>
City ENCINITAS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NONE	Occupation NONE	
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. CANDACE DOUCETTE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 27 EDGEMERE RD		<b>Transaction ID : SA11AI.8645</b>
City LYNNFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SALEM FIVE BANK	Occupation SENIOR VICE PRESIDENT-RETAIL BANKING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 44 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY DOYLE**

Mailing Address 19 WESTOVER DRIVE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer COLONNA & DOYLE Occupation ATTORNEY

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  
 05 / 30 / 2014

**Transaction ID : SA11AI.7661**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1110 COLUMBIA RD, NW

City WASHINGTON State DC Zip Code 20009

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

Name of Employer CIVITAS PUBLIC AFFAIRS Occupation SENIOR ASSOCIATE

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  
 05 / 30 / 2014

**Transaction ID : SA11AI.7672**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**DRAKE CABINET AND SUPPLIES LLC**

Mailing Address 401R LOWELL ST

City LEXINGTON State MA Zip Code 02420

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

Name of Employer Occupation

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  
 06 / 12 / 2014

**Transaction ID : SA11AI.9087**

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 45 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 900 LYNNFIELD STREET  
UNIT 33

City LYNNFIELD State MA Zip Code 01940

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.7339**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. BARBARA EBERT**

Mailing Address 1 CHRISTINA

City WAYLAND State MA Zip Code 01778

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7817**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 163 W NEWTON ST.  
UNIT 1

City BOSTON State MA Zip Code 02118

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

Name of Employer UBS Occupation FA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.7864**

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 46 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 116 FLANDERS ROAD  
SUITE 2000

City WESTBOROUGH State MA Zip Code 01581

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

Name of Employer CARRUTH CAPITAL Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8755**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 116 FLANDERS ROAD  
SUITE 2000

City WESTBOROUGH State MA Zip Code 01581

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

Name of Employer CARRUTH CAPITAL Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8756**

Amount of Each Receipt this Period  
 5200.00

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

Mailing Address 900 20TH AVE SOUTH  
SUITE 1611

City NASHVILLE State TN Zip Code 37212

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

Name of Employer VANDERBILT UNIVERSITY Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : SA11AI.8012**

Amount of Each Receipt this Period  
 100.00

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

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

5300.00

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

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

FOR LINE NUMBER: PAGE 47 OF 243  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 900 20TH AVE SOUTH  
SUITE 1611

City Nashville State TN Zip Code 37212

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

Name of Employer VANDERBILT UNIVERSITY Occupation PHYSICIAN

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8974**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 41 MADISON AVENUE

City Wakefield State MA Zip Code 01880

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

Name of Employer GEI CONSULTANTS, INC. Occupation ENGINEER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.8039**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 41 MADISON AVENUE

City Wakefield State MA Zip Code 01880

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

Name of Employer GEI CONSULTANTS, INC. Occupation ENGINEER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.8511**

Amount of Each Receipt this Period  
100.00

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 48 OF 243  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 300 BOYLSTON ST., # 703

City State Zip Code  
BOSTON MA 02116

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

Name of Employer Occupation  
HORIZON BEVERAGE COMPANY EXECUTIVE

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  
 06 / 20 / 2014

**Transaction ID : SA11AI.8295**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 195 BRIDLE PATH

City State Zip Code  
NORTH ANDOVER MA 01845

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

Name of Employer Occupation  
KEE 55 INC. EXECUTIVE

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  
 04 / 14 / 2014

**Transaction ID : SA11AI.7006**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1220 PARK AVE

City State Zip Code  
NEW YORK NY 10128-1733

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

Name of Employer Occupation  
SULLIVAN & CROMWELL LLP LAWYER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.8315**

Amount of Each Receipt this Period  
1000.00

**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 49 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 114 ACADEMY ROAD

City N ANDOVER State MA Zip Code 01845

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

Name of Employer NSEA Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8592**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 11 IROQUOIS ROAD

City DANVERS State MA Zip Code 01923

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 Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.8072**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 11 IROQUOIS ROAD

City DANVERS State MA Zip Code 01923

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 Y Y  
 06 / 06 / 2014

**Transaction ID : SA11AI.8053**

Amount of Each Receipt this Period  
 500.00

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

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

1000.00

**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 50 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 11 IROQUOIS ROAD

City DANVERS State MA Zip Code 01923

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  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.8444**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 900 CUMMINGS CENTER, SUITE 207T

City BEVERLY State MA Zip Code 01915

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

Name of Employer SOLE PRACTIONER Occupation ATTORNEY

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  
 06 / 12 / 2014

**Transaction ID : SA11AI.8118**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 900 CUMMINGS CENTER, SUITE 207T

City BEVERLY State MA Zip Code 01915

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

Name of Employer SOLE PRACTIONER Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.8131**

Amount of Each Receipt this Period  
200.00

**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 51 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>PAUL FAZZINA</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 300 MOUNTAIN VIEW DR. APT 213		<b>Transaction ID : SA11AI.7136</b>	
City STONEHAM	State MA	Zip Code 02180	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
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 250.00		

Full Name (Last, First, Middle Initial) <b>PAUL FAZZINA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 300 MOUNTAIN VIEW DR. APT 213		<b>Transaction ID : SA11AI.7916</b>	
City STONEHAM	State MA	Zip Code 02180	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
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 300.00		

Full Name (Last, First, Middle Initial) <b>MR. JAMES R FINCH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1654 EUCLID ST NW PH 1		<b>Transaction ID : SA11AI.8765</b>	
City WASHINGTON	State DC	Zip Code 20009-5634	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer KELLER WILLIAMS REALTY	Occupation REALTOR		
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).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 52 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 55 WALDINGFIELD ROAD

City State Zip Code  
IPSWICH MA 01938

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

Name of Employer Occupation  
ARTHUR J. FINKELSTEIN & ASSOCIATES, IN 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  
 05 / 23 / 2014

**Transaction ID : SA11AI.7417**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 186 PARK STREET

City State Zip Code  
NEWTON MA 02458

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

Name of Employer Occupation  
WATERREV, LLC MANAGING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.7402**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 46 EMERSON STREET

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
TOWN OF WAKEFIELD SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.7431**

Amount of Each Receipt this Period  
300.00

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

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

3900.00

**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 53 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 90 HIGH RIDGE RD

City State Zip Code  
BOXFORD MA 01921

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

Name of Employer Occupation  
JASPER WYMAN & SON 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  
 06 / 26 / 2014

**Transaction ID : SA11AI.8573**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 135 WEST ST

City State Zip Code  
BRAintree MA 02184

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

Name of Employer Occupation  
GE ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.7291**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 75 ADAMS STREET

City State Zip Code  
DUNSTABLE MA 01827

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

Name of Employer Occupation  
CRIMSON PRESS PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.8086**

Amount of Each Receipt this Period  
300.00

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

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

800.00

**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 54 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 101 MOORE ROAD

City SUDBURY State MA Zip Code 01776

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

Name of Employer INSTINET, LLC Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.8374**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 90 HARBOR AVE

City MARBLEHEAD State MA Zip Code 01945

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.8633**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5 BANCROFT WAY

City SOUTH HAMILTON State MA Zip Code 01982

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

Name of Employer AUDAX GROUP Occupation FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8542**

Amount of Each Receipt this Period  
250.00

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

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

850.00

**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 55 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 29 FULLER POND ROAD

City MIDDLETON State MA Zip Code 01949

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  
 06 / 26 / 2014

**Transaction ID : SA11AI.8558**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 134 E 71ST STREET

City NEW YORK State NY Zip Code 10021

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

Name of Employer FRIEDBURG MILSTEIN Occupation INVESTMENTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.8145**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARILYN L GALLARDO**

Mailing Address 3 BLUE RIDGE ROAD

City WESTFORD State MA Zip Code 01886

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

Name of Employer GROTON DUNSTABLE Occupation ADMIN ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7746**

Amount of Each Receipt this Period  
 100.00

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

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

2350.00

**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 56 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MS. KATHLEEN R GALLIGAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 2 VIRGINIA PL		<b>Transaction ID : SA11AI.8390</b>	
City WENHAM	State MA	Zip Code 01984-1129	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer BEST EFFORTS INFORMATION REQUESTED	Occupation BEST EFFORTS INFORMATION REQUESTED		
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>B. ERNEST GATES</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 1 MEETINGHOUSE SQUARE		<b>Transaction ID : SA11AI.7733</b>	
City MIDDLETON	State MA	Zip Code 01949	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer GATES HEALTHCARE ASSOC. (SELF)	Occupation PHARMACIST		
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>C. CHARLES L GEIER</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 41 FORRESTER ROAD		<b>Transaction ID : SA11AI.7700</b>	
City WAKEFIELD	State MA	Zip Code 01880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer CHUCK WAGON DINER	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 57 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 107 SUMMER STREET

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8396**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO BOX 6348

City State Zip Code  
LINCOLN MA 01773

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

Name of Employer Occupation  
PARK LODGE GROUP CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7620**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN E GLOVSKY**

Mailing Address PO BOX 44

City State Zip Code  
PRIDES CROSSING MA 01965

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

Name of Employer Occupation  
GLOVSKY & GLOVSKY PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8400**

Amount of Each Receipt this Period  
500.00

**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: (check only one)	PAGE 58 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 169 COMMONWEALTH AVE.  
APT. 1

City State Zip Code  
BOSTON MA 02116

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

Name of Employer Occupation  
CORIANDER INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.7254**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 169 COMMONWEALTH AVE.

City State Zip Code  
BOSTON MA 02116

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

Name of Employer Occupation  
CORIANDER DEVELOPMENT, LLC REAL ESTATE DEVELOPMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8934**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1 NASSAO ST.  
#2203

City State Zip Code  
BOSTON MA 02111

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

Name of Employer Occupation  
CIVITAS PUBLIC AFFAIRS CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11AI.7875**

Amount of Each Receipt this Period  
1000.00

**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 59 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>EDWARD GREEN</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 238 MAIN ST		<b>Transaction ID : SA11AI.7167</b>
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer G.E.	Occupation BUSINESS LEADER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>MR. LAWRENCE GREENBERG</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 4 NOTTINGHAM LN		<b>Transaction ID : SA11AI.7512</b>
City WESTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ALYDAR CAPITAL	Occupation INVESTMENT MANAGER	
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>PAUL GUANCI</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 54 CROSS LANE		<b>Transaction ID : SA11AI.8954</b>
City BEVERLY	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
Name of Employer PAUL M. GUANCI CASUAL CATERING INC.	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 410.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1560.00
<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 60 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **9B CURLEW COURT**

City **GLOUCESTER** State **MA** Zip Code **01930**

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  
**06 / 26 / 2014**

**Transaction ID : SA11AI.8388**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN R HANGEN**

Mailing Address **1 ORACLE DR**

City **NASHUA** State **NH** Zip Code **03062-2834**

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

Name of Employer **ORACLE** Occupation **ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 28 / 2014**

**Transaction ID : SA11AI.7067**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **505 CONGRESS ST.**

City **SOUTH BOSTON** State **MA** Zip Code **02210**

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

Name of Employer **HANSEN AEROSPACE** Occupation **AEROSPACE ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11AI.8307**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

**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 61 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES B HARRIS**

Mailing Address **7 MILL ST**

City **MANCHESTER** State **MA** Zip Code **01944-1231**

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

Name of Employer **UBS FINANCIAL** Occupation **EXECUTIVE VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : SA11AI.8411**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**KIM A HART**

Mailing Address **19 ORCHARD LANE**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8853**

Amount of Each Receipt this Period  
**1500.00**

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

Mailing Address **281 HIGH ST**

City **NEWBURYPORT** State **MA** Zip Code **01950**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11AI.8431**

Amount of Each Receipt this Period  
**100.00**

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

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

**1850.00**

**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 62 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **3 PARTRIDGE HILL ROAD**

City **DOVER** State **MA** Zip Code **02030**

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

Name of Employer **SCHOCHET ASSOCIATES, INC.** Occupation **REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7859**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **560 CONCORD AVE.**

City **BELMONT** State **MA** Zip Code **02478**

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

Name of Employer **BELMONT INSTRUMENT CORPORATION** Occupation **MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 09 / 2014**

**Transaction ID : SA11AI.8226**

Amount of Each Receipt this Period  
**700.00**

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

Mailing Address **5 WILDWOOD ROAD**

City **WAYLAND** State **MA** Zip Code **01778**

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

Name of Employer **REITRED** Occupation **REITRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 28 / 2014**

**Transaction ID : SA11AI.8700**

Amount of Each Receipt this Period  
**500.00**

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

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

**3800.00**

**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 63 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 85 E. INDIA ROW  
UNIT 20 A/B

City BOSTON State MA Zip Code 02110

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

Name of Employer HOSKINS & ASSOCIATES Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2014

**Transaction ID : SA11AI.8707**

Amount of Each Receipt this Period  
 1000.00  
 SEE REDESIGNATION BELOW

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

Mailing Address 85 E. INDIA ROW  
UNIT 20 A/B

City BOSTON State MA Zip Code 02110

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

Name of Employer HOSKINS & ASSOCIATES Occupation EXECUTIVE

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  
 06 / 28 / 2014

**Transaction ID : SA11AI.9282**

Amount of Each Receipt this Period  
 -900.00  
 SEE REDESIGNATION BELOW

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

Mailing Address 85 E. INDIA ROW  
UNIT 20 A/B

City BOSTON State MA Zip Code 02110

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

Name of Employer HOSKINS & ASSOCIATES Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2014

**Transaction ID : SA11AI.9283**

Amount of Each Receipt this Period  
 900.00  
 REDESIGNATED

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

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

1000.00

**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 64 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 1826 GARVEY AVE #5

City ALHAMBRA State CA Zip Code 91803

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

Name of Employer RETIRED Occupation NONE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.7256**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT HUGHES**

Mailing Address 16 WILLOW ST.  
UNIT 210

City MELROSE State MA Zip Code 02176

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  
 04 / 28 / 2014

**Transaction ID : SA11AI.7087**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 6 THWING RD

City LYNNFIELD State MA Zip Code 01940

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.8970**

Amount of Each Receipt this Period  
 90.00

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

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

590.00



**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 65 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 100 BRISTOL RD.

City: WELLESLEY State: MA Zip Code: 02481

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: 06 / 30 / 2014

**Transaction ID : SA11AI.9008**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 99 BELMONT STREET

City: READING State: MA Zip Code: 01867

FEC ID number of contributing federal political committee: C

Name of Employer: NEWTON-WELLESLEY HOSPITAL Occupation: CHIEF OPERATING OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 20 / 2014

**Transaction ID : SA11AI.8373**

Amount of Each Receipt this Period: 2000.00

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

Mailing Address 38 STURGES RD

City: READING State: MA Zip Code: 01867

FEC ID number of contributing federal political committee: C

Name of Employer: THE CONNORS FAMILY OFFICE Occupation: EXECUTIVE ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 12 / 2014

**Transaction ID : SA11AI.8206**

Amount of Each Receipt this Period: 250.00

**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: (check only one)	PAGE 66 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 959 HILL RD.

City State Zip Code  
BOXBOROUGH MA 01719

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

Name of Employer Occupation  
ARNOLD & KANGAS P.C. LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2014

**Transaction ID : SA11AI.7204**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ANDREW KARA**

Mailing Address 49 PEARTREE DR

City State Zip Code  
WESTWOOD MA 02090

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2014

**Transaction ID : SA11AI.7684**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 139 WEATHERBEE DR.

City State Zip Code  
WESTWOOD MA 02090

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2014

**Transaction ID : SA11AI.7658**

Amount of Each Receipt this Period  
1000.00

**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 67 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 40 NONANTUM ST

City State Zip Code  
NEWTON MA 02458

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

Name of Employer Occupation  
SELF REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.7596**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 6 FOLSOM POND RD

City State Zip Code  
WAYLAND MA 01778

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.7514**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES A KEKEISEN**

Mailing Address 42 WALKER RD

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer Occupation  
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

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  
 06 / 26 / 2014

**Transaction ID : SA11AI.8409**

Amount of Each Receipt this Period  
500.00

**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: (check only one)	PAGE 68 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>LORAIN KELLER</b>		Date of Receipt MM / DD / YYYY 05 / 14 / 2014
Mailing Address 216 CADMANS NECK ROAD		<b>Transaction ID : SA11AI.7377</b>
City WESTPORT	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation BUSINESS	
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>DAVID KELLY</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014
Mailing Address 48 JORDAN AVE		<b>Transaction ID : SA11AI.7705</b>
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SELF	Occupation TAX 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>WARREN KELLY</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 5 BOUCHARD DRIVE		<b>Transaction ID : SA11AI.7886</b>
City MIDDLETON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer W KELLY PROPERTIES	Occupation DEVELOPER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<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 69 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **28 SOUTHPOINT LANE**

City **IPSWICH** State **MA** Zip Code **01938**

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

Name of Employer **SELF** Occupation **BROKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11AI.8222**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**JOHN G KIDD JR.**

Mailing Address **118 MAIN STREET**

City **TOPSFIELD** State **MA** Zip Code **01983**

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

Name of Employer **DUTTON FAMILY CARE ASSOCIATES** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.7345**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOHN G KIDD JR.**

Mailing Address **118 MAIN STREET**

City **TOPSFIELD** State **MA** Zip Code **01983**

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

Name of Employer **DUTTON FAMILY CARE ASSOCIATES** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.7346**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3200.00**

**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 70 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 118 MAIN ST

City State Zip Code  
TOPSFIELD MA 01983

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

Name of Employer Occupation  
DUTTON FAMILY CARE ASSOCIATES LLP PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8569**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 118 MAIN ST.

City State Zip Code  
TOPSFIELD MA 01983

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

Name of Employer Occupation  
MAUREEN KIDD HOLISTIC RN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.7347**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 118 MAIN ST.

City State Zip Code  
TOPSFIELD MA 01983

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

Name of Employer Occupation  
MAUREEN KIDD HOLISTIC RN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.7348**

Amount of Each Receipt this Period  
2700.00  
EXCESS REFUNDED ON 5/19/2014

**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 71 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 25 HUDSON ST

City LYNN State MA Zip Code 01904

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  
 06 / 20 / 2014

**Transaction ID : SA11AI.8378**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3570 BATTERSEA ROAD

City MIAMI State FL Zip Code 33133

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

Name of Employer ANTARES Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7664**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 3570 BATTERSEA ROAD

City MIAMI State FL Zip Code 33133

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

Name of Employer ANTARES Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7667**

Amount of Each Receipt this Period  
2600.00

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

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

5250.00

**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 72 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 329 HEATH STREET

City CHESTNUT HILL State MA Zip Code 02467

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

Name of Employer THE BAUPOST GROUP, LLC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.7421**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 329 HEATH STREET

City CHESTNUT HILL State MA Zip Code 02467

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

Name of Employer THE BAUPOST GROUP, LLC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.7422**

Amount of Each Receipt this Period  
 5200.00

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

Mailing Address 12 ALLEN AVE

City MANCHESTER State MA Zip Code 01944

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

Name of Employer BOSTON BEER Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2014

**Transaction ID : SA11AI.7202**

Amount of Each Receipt this Period  
 5200.00  
 SEE REDESIGNATION BELOW

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

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

10400.00



**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 73 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 12 ALLEN AVE

City: MANCHESTER State: MA Zip Code: 01944

FEC ID number of contributing federal political committee: C

Name of Employer: BOSTON BEER Occupation: EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 05 / 03 / 2014

**Transaction ID : SA11AI.7264**

Amount of Each Receipt this Period: -2600.00

SEE REDESIGNATION BELOW

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

Mailing Address 12 ALLEN AVE

City: MANCHESTER State: MA Zip Code: 01944

FEC ID number of contributing federal political committee: C

Name of Employer: BOSTON BEER Occupation: EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 05 / 03 / 2014

**Transaction ID : SA11AI.7265**

Amount of Each Receipt this Period: 2600.00

REDESIGNATED

**C.** Full Name (Last, First, Middle Initial)  
**MR. PETER E LANNAN**

Mailing Address 10 ROBINSON PARK

City: WINCHESTER State: MA Zip Code: 01890-3746

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: CAR DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 30 / 2014

**Transaction ID : SA11AI.7726**

Amount of Each Receipt this Period: 500.00

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

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

500.00

**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 74 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 60 LITTLES POINT ROAD

City State Zip Code  
SWAMPSCOTT MA 01907

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

Name of Employer Occupation  
SHETLAND PROPERTIES OF SALEM, L.P. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.7163**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 60 LITTLES POINT ROAD

City State Zip Code  
SWAMPSCOTT MA 01907

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

Name of Employer Occupation  
SHETLAND PROPERTIES OF SALEM, L.P. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2014

**Transaction ID : SA11AI.8246**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2 COBB AVE

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer Occupation  
MORGAN STANLEY MANAGING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8776**

Amount of Each Receipt this Period  
5000.00  
SEE REDESIGNATION BELOW

**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 75 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **2 COBB AVE**

City **MANCHESTER** State **MA** Zip Code **01944**

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

Name of Employer **MORGAN STANLEY** Occupation **MANAGING DIRECTOR**

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  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8988**

Amount of Each Receipt this Period  
**-2400.00**  
 SEE REDESIGNATION BELOW

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

Mailing Address **2 COBB AVE**

City **MANCHESTER** State **MA** Zip Code **01944**

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

Name of Employer **MORGAN STANLEY** Occupation **MANAGING DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8989**

Amount of Each Receipt this Period  
**2400.00**  
 REDESIGNATED

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

Mailing Address **10 FOX RD**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **EMD SERONO, INC.** Occupation **CPA**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : SA11AI.8085**

Amount of Each Receipt this Period  
**2600.00**  
 SEE REDESIGNATION BELOW

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

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

**2600.00**

**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 76 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 10 FOX RD

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
EMD SERONO, INC. CPA

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  
05 / 22 / 2014

**Transaction ID : SA11AI.8414**

Amount of Each Receipt this Period  
-250.00  
SEE REDESIGNATION BELOW

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

Mailing Address 10 FOX RD

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
EMD SERONO, INC. CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2850.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : SA11AI.8415**

Amount of Each Receipt this Period  
250.00  
REDESIGNATED

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

Mailing Address 53 GERALD ROAD

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
LINCOLN FINANCIAL GROUP SENIOR VICE PRESIDENT

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  
06 / 01 / 2014

**Transaction ID : SA11AI.8007**

Amount of Each Receipt this Period  
250.00

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

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

250.00

**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 77 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>MR. PAUL LEVY</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 84 HIGH ST STE 204		<b>Transaction ID : SA11AI.7338</b>
City MEDFORD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation PERIODONTIST	Election Cycle-to-Date 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>KAREN LIPMAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 17 SOUTHPOINT LANE		<b>Transaction ID : SA11AI.8128</b>
City IPSWICH	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 300.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>BRYNA LITCHMAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1160 BEACON ST APT 102		<b>Transaction ID : SA11AI.8751</b>
City BROOKLINE	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 5000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6200.00
<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 78 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 1160 BEACON ST  
APT 102

City State Zip Code  
BROOKLINE MA 02446

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  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8990**

Amount of Each Receipt this Period  
-2400.00  
SEE REDESIGNATION BELOW

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

Mailing Address 1160 BEACON ST  
APT 102

City State Zip Code  
BROOKLINE MA 02446

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  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8991**

Amount of Each Receipt this Period  
2400.00  
REDESIGNATED

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

Mailing Address 11 HERITAGE LANE

City State Zip Code  
SAUGUS MA 01906

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

Name of Employer Occupation  
VEEAM SOFTWARE SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.8266**

Amount of Each Receipt this Period  
250.00

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

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

250.00

**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 79 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>MR. DANIEL LOEB</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Mailing Address 15 CENTRAL PARK WEST		<b>Transaction ID : SA11AI.7424</b>
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer THIRD POINT LLC	Occupation CEO	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>MR. DANIEL LOEB</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Mailing Address 15 CENTRAL PARK WEST		<b>Transaction ID : SA11AI.7425</b>
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer THIRD POINT LLC	Occupation CEO	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>BRUCE LOTT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 22 / 2014
Mailing Address 232 8TH STREET SE		<b>Transaction ID : SA11AI.7044</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MYLAN	Occupation STATE GOVERNMENT RELATIONS	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<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 80 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 10 WALLIS DRIVE

City WENHAM State MA Zip Code 01984

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 **340.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : SA11AI.8471**

Amount of Each Receipt this Period  
**90.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. NANCY LUTHER**

Mailing Address 294 PERKINS ROW

City TOPSFIELD State MA Zip Code 01983

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  
 06 / 12 / 2014

**Transaction ID : SA11AI.8150**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 294 PERKINS ROW

City TOPSFIELD State MA Zip Code 01983

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 **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.8175**

Amount of Each Receipt this Period  
**25.00**

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

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

**215.00**



**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 81 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**R J LYMAN**

Mailing Address **852 HALE STREET**

City **BEVERLY** State **MA** Zip Code **01915**

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

Name of Employer **GENERAL COMPRESSION, INC.** Occupation **COMPANY 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  
**06 / 26 / 2014**

**Transaction ID : SA11AI.8545**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD D LYONS**

Mailing Address **22 SHERWOOD ROAD**

City **MELROSE** State **MA** Zip Code **02176**

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 **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7727**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **27 ABORN AVENUE**

City **WAKEFIELD** State **MA** Zip Code **01880**

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7644**

Amount of Each Receipt this Period  
**200.00**

**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 82 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DR. STEPHEN MAIO**

Mailing Address **27 ABORN AVENUE**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **TOWN OF WAKEFIELD** Occupation **TOWN ADMINISTRATOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 28 / 2014**

**Transaction ID : SA11AI.7103**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES W. MALTA**

Mailing Address **504 ESSEX STREET**

City **SAUGUS** State **MA** Zip Code **01906**

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

Name of Employer **CHARLES W. MALTA D.D.S.** Occupation **DENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11AI.8282**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **4 CRICKLEWOOD DR**

City **STONEHAM** State **MA** Zip Code **02180**

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  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8910**

Amount of Each Receipt this Period  
**250.00**

**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 83 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **90 BEACON STREET  
UNIT 2**

City **BOSTON** State **MA** Zip Code **02108**

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

Name of Employer **FOURTIER STRATEGIES, LLC** Occupation **PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8584**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **37 DEXTER STREET**

City **PEABODY** State **MA** Zip Code **01960**

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

Name of Employer **MBTA** Occupation **ELECTRICAL ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8791**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **135 LURA LANE**

City **WALTHAM** State **MA** Zip Code **02451**

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

Name of Employer **SELF** Occupation **REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7600**

Amount of Each Receipt this Period  
**250.00**

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

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

**400.00**

**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 84 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL P MATTUCHIO**

Mailing Address 14 ROSS LN

City MIDDLETON State MA Zip Code 01949-1418

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

Name of Employer MATTUCHIO METALS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8880**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 12 WINSHIP DRIVE

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer SELF Occupation WRITER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11AI.7101**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 12 WINSHIP DRIVE

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer SELF Occupation WRITER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8552**

Amount of Each Receipt this Period  
 100.00

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

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

900.00

**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 85 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **25 MANDALAY DRIVE**

City **PEABODY** State **MA** Zip Code **01960**

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

Name of Employer **RBC WEALTH MANAGEMENT** Occupation **INVESTMENT ADVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8848**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. KELLEY M MCCARTHY**

Mailing Address **4 BAILEY TER**

City **PEABODY** State **MA** Zip Code **01960**

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  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 07 / 2014**

**Transaction ID : SA11AI.7162**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **53 OUTLOOK ROAD**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **COMMONWEALTH OF MASSACHUSETTS** Occupation **FIELD INVESTIGATOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11AI.7429**

Amount of Each Receipt this Period  
**250.00**

**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 86 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN MCCOUBREY**

Mailing Address 82 ELM ST.

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
THE SAVINGS BANK 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  
 05 / 30 / 2014

**Transaction ID : SA11AI.7740**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 39 PROCTOR ST

City State Zip Code  
MANCHESTER MA 01944

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  
 06 / 27 / 2014

**Transaction ID : SA11AI.8679**

Amount of Each Receipt this Period  
90.00

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

Mailing Address 599 NORTH AVE  
SUTIE 7 2ND FL

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
MCGRAIL LAW ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.7454**

Amount of Each Receipt this Period  
500.00

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

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

1590.00

**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 87 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **66 CHOATE STREET**

City **ESSEX** State **MA** Zip Code **01929**

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

Name of Employer **PEDIATRIC ASSOCIATES OF GREATER SALE** Occupation **PRACTICE 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 Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11AI.7195**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. NICK MENINNO**

Mailing Address **13 SUPREME COURT**

City **SWAMPSCOTT** State **MA** Zip Code **01907**

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

Name of Employer **MENINNO CONSTRUCTION** Occupation **CONTRACTOR**

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  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8724**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **2364 N. FILLMORE ST.**

City **ARLINGTON** State **MA** Zip Code **22207**

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

Name of Employer **PUBLIC AFFAIRS** Occupation **DCI GROUP LLC**

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  
**06 / 04 / 2014**

**Transaction ID : SA11AI.7871**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

**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 88 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 145 LOWELL ST

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer NORTHRUP ASSOCIATES Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.8362**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 9 ORCHARD LANE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer UNION OYSTER HOUSE Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8600**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3930 WALNUT STREET SUITE 210

City FAIRFAX State VA Zip Code 22030

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

Name of Employer MILLER-WENHOLD Occupation LOBBYIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.8084**

Amount of Each Receipt this Period  
250.00

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

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

450.00



**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 89 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 57 CLOUTMANS LN

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
STROUD CONSULTING CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.7258**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8605 COTSWOLD COURT

City State Zip Code  
ALEXANDRIA VA 22308

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

Name of Employer Occupation  
ACSS PROFESSOR OF PRACTICE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.7415**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 204 DODGE STREET

City State Zip Code  
BEVERLY MA 01915

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

Name of Employer Occupation  
THE REMODELING COMPANY GENERAL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : SA11AI.8016**

Amount of Each Receipt this Period  
100.00

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

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

600.00

**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 90 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **POB 468**

City **SOUTHBORO** State **MA** Zip Code **01772**

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

Name of Employer **DATA TRANSLATION INC** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : SA11AI.7014**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. M ELIZABETH MOORE**

Mailing Address **4710 63RD DRIVE WEST**

City **BRADENTON** State **FL** Zip Code **34210**

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  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8787**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **432 PARK STREET**

City **NORTH READING** State **MA** Zip Code **01864**

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

Name of Employer **SERVICE PUMPING DRAIN CO INC** 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  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8829**

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: (check only one)	PAGE 91 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH MOTZKIN**

Mailing Address 15 N HILL DR.

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer EMPIRE RECYCLING (SELF) Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.8193**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 30 AUTUMN LANE

City SOUTH HAMILTON State MA Zip Code 01982

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

Name of Employer STRATEGIC PRODUCTS AND SERVICES, LLC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7656**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 2 BENEDETTO CIR

City WAKEFIELD State MA Zip Code 01880-3553

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

Name of Employer PARKWAY PROPERTIES Occupation VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.8337**

Amount of Each Receipt this Period  
200.00

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

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

1800.00

**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 92 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 13 DUANE DRIVE

City NORTH READING State MA Zip Code 01864

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

Name of Employer READING COOPERATIVE BANK Occupation BANKING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.8313**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 117 E 37TH ST.  
2B

City NEW YORK State NY Zip Code 10016

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

Name of Employer BANKER Occupation MORGAN STANELY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.7877**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 238 HIGHLAND AVE

City WINCHESTER State MA Zip Code 01890

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

Name of Employer NORTH AMERICAN FAMILY INSTITUTE Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.7887**

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 93 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTINA L NARDONE**

Mailing Address **83 WHITTIER ROAD**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11A1.8189**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **6 CABOT STREET**

City **BEVERLY** State **MA** Zip Code **01915**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 04 / 2014**

**Transaction ID : SA11A1.7889**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO BOX 113**  
**10 LUCEY DRIVE**

City **NEWBURYPORT** State **MA** Zip Code **01950**

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

Name of Employer **ORACLE USA, INC.** Occupation **ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11A1.7343**

Amount of Each Receipt this Period  
**250.00**

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

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

**1050.00**

**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 94 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **9 SAGAMORE RD**

City **IPSWICH** State **MA** Zip Code **01938**

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

Name of Employer **AMESBURY PSYCHOLOGICAL CENTER, INC** Occupation **LICENSED MENTAL HEALTH COUNSELOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11AI.8083**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **PO BOX 1558**

City **BOCA GRANDE** State **FL** Zip Code **33921**

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  
**06 / 02 / 2014**

**Transaction ID : SA11AI.8071**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **649 MAIN STREET**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : SA11AI.8161**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2100.00**

**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 95 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **22 HUMPHREY ST.**

City **SWAMPSCOTT** State **MA** Zip Code **01907**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 04 / 2014**

**Transaction ID : SA11AI.7867**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH J NOVACK**

Mailing Address **81 BEACON STREET**

City **BOSTON** State **MA** Zip Code **02108**

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

Name of Employer **TIME WARNER** Occupation **BOARD OF DIRECTORS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.7358**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **47 HARVARD ST. APT A404**

City **CHARLESTOWN** State **MA** Zip Code **02129**

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 **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : SA11AI.8534**

Amount of Each Receipt this Period  
**2500.00**

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

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

**3600.00**

**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 96 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 47 HARVARD ST. APT A404

City CHARLESTOWN State MA Zip Code 02129

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  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8543**

Amount of Each Receipt this Period  
500.00

SEE REDESIGNATION BELOW

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

Mailing Address 47 HARVARD ST. APT A404

City CHARLESTOWN State MA Zip Code 02129

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  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8574**

Amount of Each Receipt this Period  
-400.00

SEE REDESIGNATION BELOW

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

Mailing Address 47 HARVARD ST. APT A404

City CHARLESTOWN State MA Zip Code 02129

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  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8575**

Amount of Each Receipt this Period  
400.00

REDESIGNATED

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

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

500.00



**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 97 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MARK O'CONNELL**

Mailing Address **66 BENNETT STREET**

City **HUDSON** State **MA** Zip Code **01749**

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

Name of Employer **AVIDIA BANK** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 07 / 2014**

**Transaction ID : SA11AI.7148**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD J O'NEIL**

Mailing Address **1 WINDSOR RD**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **SELF-EMPLOYED** Occupation **SE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8860**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **10 KETTLE WAY**

City **DRACUT** State **MA** Zip Code **01826**

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

Name of Employer **MORTGAGE FINANCIAL** Occupation **MANAGEMENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7662**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

**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 98 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 603 SALEM ST.

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
HAYES ENGINEERING, INC. CIVIL ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11AI.7126**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 122 PLEASANT STREET

City State Zip Code  
WINCHENDON MA 01475

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

Name of Employer Occupation  
CITY OF GARDNER INFO TECH DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : SA11AI.8464**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1230 ANACAPA WAY

City State Zip Code  
LAGUNA BEACH CA 92651

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  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.7384**

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 99 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 32 LANTERN LN #8

City DRACUT State MA Zip Code 01826

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

Name of Employer RAYTHEIN Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.8498**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER W PARKER**

Mailing Address 43 THE FAIRWAYS

City IPSWICH State MA Zip Code 01938

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

Name of Employer MBP LLC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7840**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 14 BRIDGE ST

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer THE RICHMOND 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  
 05 / 30 / 2014

**Transaction ID : SA11AI.7832**

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: (check only one)	PAGE 100 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN J. PATRICAN**

Mailing Address 56 HIGH RD

City State Zip Code  
NEWBURY MA 99999

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

Name of Employer Occupation  
IPSWICH BAY GLASS CO. CFO

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.8670**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 107 BELCHER STREET

City State Zip Code  
ESSEX MA 01929

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

Name of Employer Occupation  
IPSWICH BAY GLASS CO. CEO

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.8674**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 57B GREAT POND DRIVE

City State Zip Code  
BOXFORD MA 01921

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

Name of Employer Occupation  
SELF CONSTRUCTION

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  
 06 / 30 / 2014

**Transaction ID : SA11AI.8672**

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 101 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>CLARK PELLETT</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 680 N. LAKE SHORE DRIVE		<b>Transaction ID : SA11AI.8936</b>
City CHICAGO	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation ATTORNEY-CONSULTANT	
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>W PEREZ</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 1320 N. STATE PARKWAY 14A		<b>Transaction ID : SA11AI.7866</b>
City CHICAGO	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer RETIRED	Occupation RETIRED	SEE REDESIGNATION BELOW
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>W PEREZ</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 1320 N. STATE PARKWAY 14A		<b>Transaction ID : SA11AI.8416</b>
City CHICAGO	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00
Name of Employer RETIRED	Occupation RETIRED	SEE REDESIGNATION BELOW
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).....	3600.00
<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 102 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 1320 N. STATE PARKWAY  
14A

City CHICAGO State IL Zip Code 60610

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.8417**

Amount of Each Receipt this Period  
 REDESIGNATED  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**H. BRADLEE PERRY**

Mailing Address 865 CENTRAL AVE  
APT K-109

City NEEDHAM State MA Zip Code 02492

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.7280**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 93 LOWELL ST

City WELLESLEY State MA Zip Code 02481-2716

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

Name of Employer COLLIERS INTERNATIONAL Occupation CO-CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.7427**

Amount of Each Receipt this Period  
 250.00

**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 103 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. TERESA G PIETRAFITTA**

Mailing Address 18 MANSION RD

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7654**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 109 EDMUNDS ROAD

City State Zip Code  
WELLESLEY HILLS MA 02481

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  
 06 / 20 / 2014

**Transaction ID : SA11AI.8441**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY A PRATT**

Mailing Address 242 BEACON ST  
APT 5

City State Zip Code  
BOSTON MA 02116

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

Name of Employer Occupation  
BOSTON SCIENTIFIC EXECUTIVE VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.8494**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 104 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 15 FULLER FARMS ROAD

City State Zip Code  
TOPSFIELD MA 01983

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

Name of Employer Occupation  
K&L GATES PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7650**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WARREN A RAZZABONI SR.**

Mailing Address 12 HAZEL STREET

City State Zip Code  
HOLLIS NH 03049

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  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7660**

Amount of Each Receipt this Period  
1000.00

SEE REDESIGNATION BELOW

**C.** Full Name (Last, First, Middle Initial)  
**MR. WARREN A RAZZABONI SR.**

Mailing Address 12 HAZEL STREET

City State Zip Code  
HOLLIS NH 03049

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  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.8418**

Amount of Each Receipt this Period  
-1000.00

SEE REDESIGNATION BELOW

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

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

300.00



**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 105 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WARREN A RAZZABONI SR.**

Mailing Address 12 HAZEL STREET

City Hollis State NH Zip Code 03049

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  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.8419**

Amount of Each Receipt this Period  
 1000.00  
 REDESIGNATED

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

Mailing Address 12 HAZAC

City Hollis State NH Zip Code 03049

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

Name of Employer DRAEGER MEDICAL Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.7882**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE A RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City PEPPERELL State MA Zip Code 01463

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

Name of Employer NATIONAL COMPUTER DIRECT Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7659**

Amount of Each Receipt this Period  
 1000.00  
 SEE REDESIGNATION BELOW

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

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

2300.00

**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 106 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE A RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City State Zip Code  
PEPPERELL MA 01463

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

Name of Employer Occupation  
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

**Transaction ID : SA11AI.8420**

Amount of Each Receipt this Period  
-1000.00  
SEE REDESIGNATION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE A RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City State Zip Code  
PEPPERELL MA 01463

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

Name of Employer Occupation  
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

**Transaction ID : SA11AI.8421**

Amount of Each Receipt this Period  
1000.00  
REDESIGNATED

**C.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE A RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City State Zip Code  
PEPPERELL MA 01463

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

Name of Employer Occupation  
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8605**

Amount of Each Receipt this Period  
500.00

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

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

500.00

**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 107 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **344 SALEM ST**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **MENINNO CONSTRUCTION** Occupation **OWER/OFFICE MGR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : SA11AI.8093**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES REGAN**

Mailing Address **131 SPRING ST.**

City **STONEHAM** State **MA** Zip Code **02180**

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  
**520.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7637**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **344 SALEM ST.**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **MENINNO CONSTRUCTION** Occupation **CONSTRUCTION WORKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8718**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

**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 108 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **289 OCEAN AVE**

City **MARBLEHEAD** State **MA** Zip Code **01945**

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 Y Y  
**05 / 28 / 2014**

**Transaction ID : SA11A1.7575**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **104 MOUNT VERNON ST.**

City **BOSTON** State **MA** Zip Code **02108**

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 **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11A1.7268**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **500 BOYLSTON ST  
SUITE 640**

City **BOSTON** State **MA** Zip Code **02116**

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

Name of Employer **SENIORLINK** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : SA11A1.8094**

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 109 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 1 SCHOOL STREET

City State Zip Code  
STONINGTON CT 06378

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

Name of Employer Occupation  
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.7971**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 245 WOODWARD ST

City State Zip Code  
WABAN MA 02468

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

Name of Employer Occupation  
PR MANAGEMENT SELF-EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : SA11AI.7235**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 200 OLD EAST ROAD

City State Zip Code  
WHITEFIELD NH 03598

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  
 05 / 30 / 2014

**Transaction ID : SA11AI.7709**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 110 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 10 LINCOLN RD. - SUITE 105

City State Zip Code  
FOXBORO MA 02035

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  
 06 / 12 / 2014

**Transaction ID : SA11AI.8110**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD D ROPER**

Mailing Address 38 OLD FARM WAY

City State Zip Code  
AYER MA 01432

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

Name of Employer Occupation  
CRABTREE DEV LLC BUILDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8720**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES P ROSENFELD**

Mailing Address 16 PARKER STREET

City State Zip Code  
LEXINGTON MA 02421

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

Name of Employer Occupation  
CAMBRIDGE ENERGY RESEARCH ASSOCIA CO-FOUNDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.7510**

Amount of Each Receipt this Period  
500.00

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

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

1300.00

**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 111 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 80 LYMAN ROAD

City State Zip Code  
CHESTNUT HILL MA 02467

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

Name of Employer Occupation  
MIROWSKI FAMILY FOUNDATION DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : SA11AI.6975**

Amount of Each Receipt this Period  
 1300.00

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

Mailing Address 80 LYMAN ROAD

City State Zip Code  
CHESTNUT HILL MA 02467

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

Name of Employer Occupation  
THE MEDICINES COMPANY MEDICAL EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : SA11AI.6973**

Amount of Each Receipt this Period  
 1300.00

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

Mailing Address 40 BARTLETT RD

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : SA11AI.7578**

Amount of Each Receipt this Period  
 2600.00

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

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

5200.00

**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 112 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **ONE BEACON ST**  
**FL 25**

City **BOSTON** State **MA** Zip Code **02108**

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

Name of Employer **SELF** Occupation **LIFE INSURANCE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11AI.7590**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH ROTONDI**

Mailing Address **80 FOREST ST.**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **D&R CONSTRUCTION** Occupation **CONTRACTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8726**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **67 ORCHARD LANE**

City **MELROSE** State **MA** Zip Code **02176**

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

Name of Employer **HALLETT & CUCIRELLI** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8735**

Amount of Each Receipt this Period  
**1000.00**

**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 113 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KATHLEEN ROTONDI**

Mailing Address **67 ORCHARD LANE**

City **MELROSE** State **MA** Zip Code **02176**

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

Name of Employer **HALLETT & CUCIRELLI** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.8736**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **12 PRISCILLA RD.**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**220.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : SA11AI.9024**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address **84 BIGELOW ROAD**

City **WEST NEWTON** State **MA** Zip Code **02465**

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

Name of Employer **MARIC, INC** Occupation **BUSINESS MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : SA11AI.7576**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2020.00**

**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 114 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 7 SUNNY MEADOW ROAD

City: ATKINSON State: NH Zip Code: 03811

FEC ID number of contributing federal political committee: C

Name of Employer: RUCCI BARDARO AND FALLONE Occupation: CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5450.00

Date of Receipt: 06 / 04 / 2014

**Transaction ID : SA11AI.7878**

Amount of Each Receipt this Period: 250.00

TO BE REFUNDED

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

Mailing Address 453 BEDFORD RD

City: CARLISLE State: MA Zip Code: 01741

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: 500.00

Date of Receipt: 06 / 30 / 2014

**Transaction ID : SA11AI.8812**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 15 WEST WATER ST

City: WAKEFIELD State: MA Zip Code: 01880

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 07 / 2014

**Transaction ID : SA11AI.7179**

Amount of Each Receipt this Period: 250.00

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

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

1000.00

**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 115 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR RYAN**

Mailing Address 119 MT. PLEASANT AVENUE

City State Zip Code  
GLOUCESTER MA 01930

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.7158**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 14 BREWSTER DRIVE

City State Zip Code  
NORWOOD MA 02062

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

Name of Employer Occupation  
SB GENERAL CONTRACTS CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8722**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 820 LIVINGSTON ST.  
STE 10

City State Zip Code  
TEWKSBURY MA 01876

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

Name of Employer Occupation  
MDR CONSTRUCTION CO. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.8200**

Amount of Each Receipt this Period  
500.00

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

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

3600.00

**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 116 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR. MICHAEL SACCONI</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 820 LIVINGSTON ST. STE 10		<b>Transaction ID : SA11AI.8733</b>	
City TEWKSBURY	State MA	Zip Code 01876	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer MDR CONSTRUCTION CO.	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. JOSEPH SACHETTA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 46 ENGLISH COMMONS		<b>Transaction ID : SA11AI.8906</b>	
City TOPSFIELD	State MA	Zip Code 01983	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SACHETTA AND COMPANY LLC	Occupation CPA		
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. VICTOR SALDANHA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 20 EDGEMERE RD		<b>Transaction ID : SA11AI.8375</b>	
City LYNNFIELD	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer CAMBRIDGE HEALTH ALLIANCE	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 117 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>RONALD L SARGENT</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2014
Mailing Address 5 BRIDGETON WAY		<b>Transaction ID : SA11AI.7366</b>
City HOPKINTON	State MA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00
Name of Employer STAPLES, INC.	Occupation CHAIRMAN & 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>RONALD L SARGENT</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2014
Mailing Address 5 BRIDGETON WAY		<b>Transaction ID : SA11AI.7367</b>
City HOPKINTON	State MA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2400.00
Name of Employer STAPLES, INC.	Occupation CHAIRMAN & CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>KAREN SAWYER</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 30 / 2014
Mailing Address 19 SUTHERLAND ST.		<b>Transaction ID : SA11AI.7690</b>
City ANDOVER	State MA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer CITY OF PEABODY	Occupation COMMUNITY DEVELOPMENT AND PLANNING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	5250.00

**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 118 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**SCAFIDI JULIANO LLP**

Mailing Address 310 WASHINGTON ST  
SUITE 201

City State Zip Code  
WELLESLEY MA 02481

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 Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.9089**

Amount of Each Receipt this Period  
 500.00

LLP INFORMATION REQUESTED

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

Mailing Address 63 DANA RD

City State Zip Code  
READING MA 01867

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

Name of Employer Occupation  
SAPIENTNITRO VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.8270**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 183 SOUTH ST

City State Zip Code  
ROCKPORT MA 01966

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

Name of Employer Occupation  
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8384**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

**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 119 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JC SCOTT**

Mailing Address 3118 MILITARY RD

City ARLINGTON State VA Zip Code 22207

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

Name of Employer AVAMED Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8761**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 38 PHILLIPS BEACH AVE

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer EVERETT MANAGEMENT Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8662**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 7 SEVINOR ROAD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer WAYNE ALARM COMPANY Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.8500**

Amount of Each Receipt this Period  
 1476.19

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

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

2276.19

**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 120 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 20 EMERSON STREET

City READING State MA Zip Code 01867

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

Name of Employer BETH ISREAL D.M. Occupation NURSE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.8298**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 20 EMERSON ST

City READING State MA Zip Code 01867

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

Name of Employer CENTURY 21 SEXTON & DONOHUE Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.7581**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. JEAN M SHAW**

Mailing Address PO BOX 242

City ANDOVER State ME Zip Code 04216-0242

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

Name of Employer BEST EFFORTS INFORMATION REQUESTED Occupation BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.8496**

Amount of Each Receipt this Period  
 2600.00

**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 121 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN J SHEEHAN**

Mailing Address 16 ORCHARD LANE

City LYNNFIELD State MA Zip Code 01940

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  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8858**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. PETER SHERWOOD**

Mailing Address 11 HART ST

City BEVERLY State MA Zip Code 01915

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

Name of Employer PRIDES CROSSING CAPITAL Occupation MANAGING DIRECTOR

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  
 05 / 07 / 2014

**Transaction ID : SA11AI.7160**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 130 SUMMER STREET

City STONEHAM State MA Zip Code 02180

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

Name of Employer MINUTEMAN Occupation 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 Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.8506**

Amount of Each Receipt this Period  
1000.00

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

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

1700.00

**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 122 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MARK J SIMEOLA**

Mailing Address 11 STEVENS RD.

City MELROSE State MA Zip Code 02176

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7655**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 7 LANTERN LN

City WAKEFIELD State MA Zip Code 01880

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7674**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1 W 81ST ST

City NEW YORK State NY Zip Code 10001

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

Name of Employer ELLIOTT MANAGEMENT Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.8422**

Amount of Each Receipt this Period  
2600.00

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

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

4600.00

**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 123 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 21 OCEAN STREET

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer Occupation  
SEAL COATING INC. CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11A1.8774**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 384 TILDEN COMMONS LANE

City State Zip Code  
BRAintree MA 02184

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

Name of Employer Occupation  
U.S. GOVERNMENT MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11A1.8106**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 14 BROOK HILLS CIR

City State Zip Code  
WHITE PLAINS NY 10605-5004

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

Name of Employer Occupation  
LSTA EXECUTIVE DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11A1.7065**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

**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 124 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 1007 EAST CAPITOL ST. SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer CIVITAS PUBLIC AFFAIRS GROUP Occupation POLITICAL CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.7873**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL E. SORRELL**

Mailing Address 2900 SO. VALLEY VIEW BOULEVARD, NO

City LAS VEGAS State NV Zip Code 89102-5951

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 Y Y  
 06 / 25 / 2014

**Transaction ID : SA11AI.8539**

Amount of Each Receipt this Period  
 5200.00

SEE REDESIGNATION BELOW

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

Mailing Address 2900 SO. VALLEY VIEW BOULEVARD, NO

City LAS VEGAS State NV Zip Code 89102-5951

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 Y Y  
 06 / 25 / 2014

**Transaction ID : SA11AI.8576**

Amount of Each Receipt this Period  
 -2600.00

SEE REDESIGNATION BELOW

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

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

3600.00

**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 125 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 2900 SO. VALLEY VIEW BOULEVARD, NO

City LAS VEGAS State NV Zip Code 89102-5951

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11AI.8577**

Amount of Each Receipt this Period  
 2600.00

REDESIGNATED

**B.** Full Name (Last, First, Middle Initial)  
**JOANNE ST. PIERRE**

Mailing Address 29 NEWCOMB RD

City STONEHAM State MA Zip Code 02180

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

Name of Employer MASSPORT Occupation BUDGET DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : SA11AI.7243**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 29 NEWCOMB RD

City STONEHAM State MA Zip Code 02180

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

Name of Employer MASSPORT Occupation BUDGET DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.8248**

Amount of Each Receipt this Period  
 50.00

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

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

2700.00

**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 126 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 221 VERONA ST

City LYNN State MA Zip Code 01904

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

Name of Employer RICK'S AUTO COLLISION, INC Occupation BUS. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.8346**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 200 SAGAMORE ST

City SOUTH HAMILTON State MA Zip Code 01982

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

Name of Employer NORTH COAST SEAFOODS 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  
 06 / 26 / 2014

**Transaction ID : SA11AI.8392**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 8350 HAWKS GULLY AVE

City DELRAY BEACH State FL Zip Code 33446

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

Name of Employer BEST EFFORTS INFORMATION REQUESTED Occupation BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : SA11AI.7240**

Amount of Each Receipt this Period  
**500.00**

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

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

**1100.00**

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

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

FOR LINE NUMBER: PAGE 127 OF 243  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **8 ABBOTT LANE**

City **BEDFORD** State **MA** Zip Code **01730**

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  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2014**

**Transaction ID : SA11AI.8428**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **65 MORRISON RD.**

City **WAKEFIELD** State **MA** Zip Code **01880**

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  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7652**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **28 BRAINARD AVE., APT.410**

City **MEDFORD** State **MA** Zip Code **02155**

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

Name of Employer **MINTZ LEVIN** Occupation **ATTORNEY**

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  
**05 / 13 / 2014**

**Transaction ID : SA11AI.7379**

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 128 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN RICHARD SULLIVAN**

Mailing Address 41 COLBURN RD

City READING State MA Zip Code 01867

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

Name of Employer MIDDLESEX COMMUNITY COLLEGE Occupation DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8918**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 4 FOX RUN LANE

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer REMAX ADVANTAGE REAL ESTATE Occupation BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8964**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 91 SPOFFORD STREET

City GEORGETOWN State MA Zip Code 01833

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

Name of Employer ODYSSEY SYSTEMS Occupation BUSINESS OWNER/GOVT SVCS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.8089**

Amount of Each Receipt this Period  
 3200.00  
 SEE REDESIGNATION BELOW

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

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

3750.00



**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 129 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 91 SPOFFORD STREET

City State Zip Code  
GEORGETOWN MA 01833

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

Name of Employer Occupation  
ODYSSEY SYSTEMS BUSINESS OWNER/GOVT SVCS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2014

**Transaction ID : SA11AI.8423**

Amount of Each Receipt this Period  
-600.00  
SEE REDESIGNATION BELOW

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

Mailing Address 91 SPOFFORD STREET

City State Zip Code  
GEORGETOWN MA 01833

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

Name of Employer Occupation  
ODYSSEY SYSTEMS BUSINESS OWNER/GOVT SVCS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2014

**Transaction ID : SA11AI.8424**

Amount of Each Receipt this Period  
600.00  
REDESIGNATED

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

Mailing Address 4697 RUE BELLE MER

City State Zip Code  
SANIBEL FL 33957

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

Name of Employer Occupation  
SYMES ASSOCIATES INC REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8950**

Amount of Each Receipt this Period  
5200.00  
SEE REDESIGNATION BELOW

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

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

5200.00

**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 130 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 4697 RUE BELLE MER

City State Zip Code  
SANIBEL FL 33957

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

Name of Employer Occupation  
SYMES ASSOCIATES INC REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8992**

Amount of Each Receipt this Period  
-2600.00  
SEE REDESIGNATION BELOW

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

Mailing Address 4697 RUE BELLE MER

City State Zip Code  
SANIBEL FL 33957

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

Name of Employer Occupation  
SYMES ASSOCIATES INC REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11AI.8993**

Amount of Each Receipt this Period  
2600.00  
REDESIGNATED

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

Mailing Address 9 EVERGREEN LANE

City State Zip Code  
MEREDITH NH 03253

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

Name of Employer Occupation  
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2014

**Transaction ID : SA11AI.7096**

Amount of Each Receipt this Period  
250.00

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

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

250.00

**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 131 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 101 BROOKSBY VILLAGE DR  
APT 111

City Peabody State MA Zip Code 01960

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  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.7351**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 101 BROOKSBY VILLAGE DR  
APT 111

City Peabody State MA Zip Code 01960

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  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8759**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM J THIBEAULT**

Mailing Address 85 BOSTON ST.

City Everett State MA Zip Code 02149-4726

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

Name of Employer GREAT NORTHERN DEMOLITION Occupation SELF-EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8740**

Amount of Each Receipt this Period  
1000.00

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

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

1300.00

**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 132 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>PETER THIEL</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1 LETTERMAN DRIVE BLDG C STE 400		<b>Transaction ID : SA11AI.8231</b>
City SAN FRANCISCO	State CA	Zip Code 94129
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer THIEL CAPITAL LLC	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>PETER THIEL</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1 LETTERMAN DRIVE BLDG C STE 400		<b>Transaction ID : SA11AI.8232</b>
City SAN FRANCISCO	State CA	Zip Code 94129
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer THIEL CAPITAL LLC	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>FREDERICK G.P. THORNE</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 94 BRIDGE STREET		<b>Transaction ID : SA11AI.8783</b>
City MANCHESTER	State MA	Zip Code 01944
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00 SEE REDESIGNATION BELOW	
Name of Employer FREDERICK THORNE, LLC	Occupation CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7200.00
<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 133 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**FREDERICK G.P. THORNE**

Mailing Address 94 BRIDGE STREET

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer Occupation  
FREDERICK THORNE, LLC CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : SA11AI.8994**

Amount of Each Receipt this Period  
-400.00  
SEE REDESIGNATION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**FREDERICK G.P. THORNE**

Mailing Address 94 BRIDGE STREET

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer Occupation  
FREDERICK THORNE, LLC CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : SA11AI.8995**

Amount of Each Receipt this Period  
400.00  
REDESIGNATED

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

Mailing Address 29 WESTWIND DRIVE

City State Zip Code  
METHUEN MA 01844

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

Name of Employer Occupation  
READING CO-OPERATIVE BANK PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2014

**Transaction ID : SA11AI.7890**

Amount of Each Receipt this Period  
500.00

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

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

500.00

**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 134 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 101 MAIN ST.

City WENHAM State MA Zip Code 01984

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.7862**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 701 MAIN ST.

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer AMERICAN HOME INSPECTION Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7756**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 18 GLENDALE AVE

City MELROSE State MA Zip Code 02176

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

Name of Employer INTEGRATED PHARMACY SOLUTIONS, INC. Occupation PHARMACY CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8928**

Amount of Each Receipt this Period  
250.00

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

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

950.00

**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 135 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>JOHN TOMICH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 14 WILLOWBY WAY		<b>Transaction ID : SA11AI.8821</b>
City LYNNFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600.00	

Full Name (Last, First, Middle Initial) <b>DAVID TREBING</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 3900 CATHEDRAL AVE NW APT 802-A		<b>Transaction ID : SA11AI.8580</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DAIMLER	Occupation AUTO EXEC	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 875.00	

Full Name (Last, First, Middle Initial) <b>MR. PETER G TROMBLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address		<b>Transaction ID : SA11AI.7618</b>
City	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer BEST EFFORTS INFORMATION REQUESTED	Occupation BEST EFFORTS INFORMATION REQUESTED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<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 136 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALBERT TURCO**

Mailing Address 16 INDIAN LN

City State Zip Code  
WAKEFIELD MA 01880

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  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.7439**

Amount of Each Receipt this Period  
2000.00  
SEE REDESIGNATION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALBERT TURCO**

Mailing Address 16 INDIAN LN

City State Zip Code  
WAKEFIELD MA 01880

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  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.8425**

Amount of Each Receipt this Period  
-400.00  
SEE REDESIGNATION BELOW

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

Mailing Address 16 INDIAN LN

City State Zip Code  
WAKEFIELD MA 01880

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  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.8426**

Amount of Each Receipt this Period  
400.00  
REDESIGNATED

**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 137 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. JANE E VAN FAASEN**

Mailing Address 12 PROCTOR ST

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8413**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 12 PROCTOR STREET

City State Zip Code  
MANCHESTER MA 01944

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8403**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 12 PROCTOR STREET

City State Zip Code  
MANCHESTER MA 01944

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8788**

Amount of Each Receipt this Period  
2100.00

**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 138 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 18 SOUTHPOINT LANE

City State Zip Code  
IPSWICH MA 01938

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

Name of Employer Occupation  
NATIONAL FISH & SEAFOOD, INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.8116**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3 ASPEN LANE

City State Zip Code  
STONEHAM MA 02180

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

Name of Employer Occupation  
SHEEHAN & PHINNEY ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.7682**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 100 COMMERCIAL ST.

City State Zip Code  
BOSTON MA 02109

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.7175**

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 139 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>GEORGE VIOLIN</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 16 MAIN ST		<b>Transaction ID : SA11AI.7518</b>
City DOVER	State MA	Zip Code 02030
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
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 500.00	

Full Name (Last, First, Middle Initial) <b>MR. JASON WALKER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 322 ASH STREET		<b>Transaction ID : SA11AI.8730</b>
City WINCHENDON	State MA	Zip Code 01475
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer MDR CONSTRUCTION	Occupation CONSTRUCTION	
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>MR. JOHN J WARCHOL</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 10 RICHARDSON AVE		<b>Transaction ID : SA11AI.7094</b>
City WAKEFIELD	State MA	Zip Code 01880
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer NSTAR	Occupation CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 140 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 501 LEXINGTON STREET #99

City: WALTHAM State: MA Zip Code: 02452

FEC ID number of contributing federal political committee: C

Name of Employer: CITY OF WALTHAM Occupation: HOUSING SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 05 / 30 / 2014

**Transaction ID : SA11AI.7614**

Amount of Each Receipt this Period: 350.00

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

Mailing Address 4 THOMAS CIRCLE

City: MARBLEHEAD State: MA Zip Code: 01945

FEC ID number of contributing federal political committee: C

Name of Employer: OPS RULES Occupation: MANAGMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 02 / 2014

**Transaction ID : SA11AI.7263**

Amount of Each Receipt this Period: 100.00

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

Mailing Address 4 THOMAS CIRCLE

City: MARBLEHEAD State: MA Zip Code: 01945

FEC ID number of contributing federal political committee: C

Name of Employer: OPS RULES Occupation: MANAGMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 06 / 02 / 2014

**Transaction ID : SA11AI.8108**

Amount of Each Receipt this Period: 100.00

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

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

550.00

**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 141 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH WEISS**

Mailing Address 59 SARGENT STREET

City State Zip Code  
NEWTON MA 02458

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.7360**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 25 CHANNEL CENTER STREET, #1002

City State Zip Code  
BOSTON MA 02210

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : SA11AI.8567**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH M WHITNEY**

Mailing Address 26 GREENLEAF DR.

City State Zip Code  
DANVERS MA 01923-1528

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

Name of Employer Occupation  
NORTH SHORE MECHANICAL CONTRACTOR PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.7152**

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 142 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 26 GREENLEAF DR

City DANVERS State MA Zip Code 01923

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

Name of Employer NORTH SHORE NUTRITION CONSULTANTS Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.7150**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JEFFERY WILMOT**

Mailing Address 6 FULLER FARM

City TOPSFIELD State MA Zip Code 01983

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

Name of Employer PTC Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11AI.7122**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 170 OLYMPIC LANE

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer WAKEFIELD COOPERATIVE BANK Occupation BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.7456**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

**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 143 OF 243
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 12 WESTFORD STREET

City State Zip Code  
CHELMSFORD MA 01824

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

Name of Employer Occupation  
GENERAL ELECTRIC COMPANY MACHINE OPERATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.8581**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 513 WEST CAMPBELL AVENUE

City State Zip Code  
PHOENIX AZ 85013

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

Name of Employer Occupation  
YCS CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.8065**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 350 PARK AVENUE  
11TH FLOOR

City State Zip Code  
NEW YORK NY 10022

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

Name of Employer Occupation  
ZIFF BROTHERS INVESTMENTS FOUNDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA11AI.7829**

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 144 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **350 PARK AVENUE**  
**11TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10022**

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

Name of Employer **ZIFF BROTHERS INVESTMENTS** Occupation **FOUNDER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7830**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **PO BOX 67377**

City **CHESTNUT HILL** State **MA** Zip Code **02467**

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

Name of Employer **CHESTNUT HILL REALTY** Occupation **EXECUTIVE**

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  
**05 / 30 / 2014**

**Transaction ID : SA11AI.7848**

Amount of Each Receipt this Period  
**500.00**

**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).....

**3100.00**

**295056.19**



**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 145 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE**

Mailing Address 121 N HENRY STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00010124

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  
 06 / 12 / 2014

**Transaction ID : SA11C.8202**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AUTOMOTIVE FREE INTERNATIONAL TRADE PAC**

Mailing Address 1625 PRINCE STREET  
SUITE 225

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00250399

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  
 06 / 20 / 2014

**Transaction ID : SA11C.8274**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 220 1/2 E ST., NE

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00235655

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  
 05 / 07 / 2014

**Transaction ID : SA11C.7141**

Amount of Each Receipt this Period  
 5000.00

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

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

11000.00

**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 146 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **PO BOX 8277**

City **THE WOODLANDS** State **TX** Zip Code **77387**

FEC ID number of contributing federal political committee. **C C00311043**

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  
**06 / 02 / 2014**

**Transaction ID : SA11C.7943**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BUSINESS INDUSTRY POLITICAL ACTION COMMITTEE**

Mailing Address **888 16TH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20006**

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  
**06 / 02 / 2014**

**Transaction ID : SA11C.7904**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**BYRNE FOR CONGRESS INC**

Mailing Address **PO BOX 2743**

City **MOBILE** State **AL** Zip Code **36652**

FEC ID number of contributing federal political committee. **C C00545673**

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  
**06 / 02 / 2014**

**Transaction ID : SA11C.7923**

Amount of Each Receipt this Period  
 500.00

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

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

3000.00

**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 147 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA PAC (US CHAMBER PAC)

Mailing Address 1615 H STREET NORTHWEST

City WASHINGTON State DC Zip Code 20062

FEC ID number of contributing federal political committee. **C** C00082040

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  
 06 / 02 / 2014

**Transaction ID : SA11C.7951**

Amount of Each Receipt this Period  
 2280.00

**B.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR RESPONSIBLE ENERGY SOLUTIONS INC PAC (CRES PAC)

Mailing Address 455 MASSACHUSETTS AVE, NW #142

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00553974

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  
 05 / 30 / 2014

**Transaction ID : SA11C.7670**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00469429

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  
 06 / 30 / 2014

**Transaction ID : SA11C.9033**

Amount of Each Receipt this Period  
 2000.00

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

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

5280.00

**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 148 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)**

Mailing Address **12176 CHANCERY STATION CIRCLE**

City	State	Zip Code
RESTON	VA	20190

FEC ID number of contributing federal political committee. **C C00404392**

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  
**06 / 02 / 2014**

**Transaction ID : SA11C.7984**

Amount of Each Receipt this Period  
 1000.00

B. Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)**

Mailing Address **PO BOX 20503**

City	State	Zip Code
INDIANAPOLIS	IN	46220

FEC ID number of contributing federal political committee. **C C00121368**

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  
**06 / 12 / 2014**

**Transaction ID : SA11C.8218**

Amount of Each Receipt this Period  
 2500.00

C. Full Name (Last, First, Middle Initial)  
**EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE**

Mailing Address **PO BOX 2485**

City	State	Zip Code
SPRINGFIELD	VA	22152

FEC ID number of contributing federal political committee. **C C00467431**

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  
**06 / 02 / 2014**

**Transaction ID : SA11C.7947**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<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 149 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>FREEDOM PROJECT; THE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 320 1ST STREET SE		<b>Transaction ID : SA11C.7958</b>	
City WASHINGTON	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C C00305805		Amount of Each Receipt this Period 5000.00	
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>FREEDOM PROJECT; THE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 320 1ST STREET SE		<b>Transaction ID : SA11C.7959</b>	
City WASHINGTON	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C C00305805		Amount of Each Receipt this Period 5000.00	
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) <b>FRIENDS OF JOHN BOEHNER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 7908 CINCINNATI DAYTON ROAD SUITE I-2		<b>Transaction ID : SA11C.7955</b>	
City WEST CHESTER	State OH	Zip Code 45069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<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 150 OF 243
	<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	

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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JOHN BOEHNER**

Mailing Address 7908 CINCINNATI DAYTON ROAD  
SUITE I-2

City WEST CHESTER State OH Zip Code 45069

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11C.7956**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF SAM JOHNSON**

Mailing Address P.O. BOX 860096

City PLANO State TX Zip Code 75086

FEC ID number of contributing federal political committee. **C** C00250720

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  
 06 / 20 / 2014

**Transaction ID : SA11C.8268**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**GAY AND LESBIAN VICTORY FUND FEDERAL PAC**

Mailing Address 1133 15TH STREET, NW  
SUITE 350

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00476978

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  
 05 / 14 / 2014

**Transaction ID : SA11C.7371**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

**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 151 OF 243
	<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	

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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A. GREATER TOMORROW POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 PENNSYLVANIA AVENUE SE STE 330  
 City WASHINGTON State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00526715  
 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  
 06 / 02 / 2014  
**Transaction ID : SA11C.7945**  
 Amount of Each Receipt this Period  
 1000.00

**B. HUDSON FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 5053  
 City CONCORD State NC Zip Code 28027  
 FEC ID number of contributing federal political committee. **C** C00504522  
 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  
 06 / 02 / 2014  
**Transaction ID : SA11C.7933**  
 Amount of Each Receipt this Period  
 1000.00

**C. ICE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 752  
 City LONG LAKE State MN Zip Code 55356  
 FEC ID number of contributing federal political committee. **C** C00484667  
 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  
 06 / 02 / 2014  
**Transaction ID : SA11C.7900**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

3000.00

**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 152 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**INVEST IN A STRONG AND SECURE AMERICA - ISSA PAC**

Mailing Address PO BOX 3799

City State Zip Code  
VISTA CA 92085

FEC ID number of contributing federal political committee. **C** C00450320

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 Y Y  
 06 / 02 / 2014

**Transaction ID : SA11C.7931**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**IPAA WILDCATTERS FUND**

Mailing Address 1201 15TH STREET, NW  
SUITE 300

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.9035**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1090 VERMONT AVE NW, SUITE 850

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00405506

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.8766**

Amount of Each Receipt this Period  
1500.00

**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 153 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**LEAD YOUR NATION NOW PAC (LYNN PAC)**

Mailing Address P.O. BOX 1872

City State Zip Code  
TOPEKA KS 66601

FEC ID number of contributing federal political committee. **C** C00491043

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  
 06 / 02 / 2014

**Transaction ID : SA11C.7892**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**LUKE MESSER FOR CONGRESS**

Mailing Address PO BOX 917

City State Zip Code  
SHELBYVILLE IN 46176

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  
 06 / 02 / 2014

**Transaction ID : SA11C.7918**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address PO BOX 811

City State Zip Code  
HENDERSONVILLE NC 28793

FEC ID number of contributing federal political committee. **C** C00503094

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  
 06 / 12 / 2014

**Transaction ID : SA11C.8165**

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 154 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MORE CONSERVATIVES PAC (MCPAC)**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00540187

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  
 06 / 02 / 2014

**Transaction ID : SA11C.7925**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF MORTGAGE BROKERS**

Mailing Address 2701 WEST 15TH STREET SUITE 536

City PLANO State TX Zip Code 75075

FEC ID number of contributing federal political committee. **C** C00254201

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  
 05 / 07 / 2014

**Transaction ID : SA11C.7143**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE PAC**

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C** C00140061

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  
 06 / 30 / 2014

**Transaction ID : SA11C.8816**

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 155 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPA**

Mailing Address 1605 KING STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

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  
 06 / 30 / 2014

**Transaction ID : SA11C.8818**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address P.O. BOX 7480

City State Zip Code  
VISALIA CA 93290

FEC ID number of contributing federal political committee. **C** C00398750

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  
 06 / 02 / 2014

**Transaction ID : SA11C.7949**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00459123

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  
 06 / 02 / 2014

**Transaction ID : SA11C.7935**

Amount of Each Receipt this Period  
 5000.00

**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 156 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**NFIB THE VOICE OF FREE ENTERPRISE INC.**

Mailing Address 1201 F STREET  
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C90013509

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  
 06 / 30 / 2014

**Transaction ID : SA11C.8768**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

FEC ID number of contributing federal political committee. **C** C00466870

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  
 06 / 02 / 2014

**Transaction ID : SA11C.7941**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)**

Mailing Address 7804 EVENING LANE

City ALEXANDRIA State VA Zip Code 22306

FEC ID number of contributing federal political committee. **C** C00363770

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  
 06 / 02 / 2014

**Transaction ID : SA11C.7911**

Amount of Each Receipt this Period  
 2000.00

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

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

6500.00

**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 157 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**PIONEER POLITICAL ACTION COMMITTEE**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

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  
06 / 02 / 2014

**Transaction ID : SA11C.7907**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAJORITY FOR CHOICE**

Mailing Address 1900 L STREET NW  
SUITE 614

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00346635

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  
06 / 30 / 2014

**Transaction ID : SA11C.8770**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00501478

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  
06 / 02 / 2014

**Transaction ID : SA11C.7896**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

**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 158 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**THE JONES COMMITTEE**

Mailing Address **249 PARK STREET**

City **NORTH READING** State **MA** Zip Code **01864**

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  
**06 / 20 / 2014**

**Transaction ID : SA11C.8264**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Mailing Address **228 S. WASHINGTON STREET  
SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00330720**

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  
**06 / 02 / 2014**

**Transaction ID : SA11C.7939**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2000.00**

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

Mailing Address **2700 CUMBERLAND PARKWAY, SUITE 150**

City **ATLANTA** State **GA** Zip Code **30339**

FEC ID number of contributing federal political committee. **C C00409805**

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  
**06 / 02 / 2014**

**Transaction ID : SA11C.7915**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2000.00**

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

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

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**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 159 OF 243
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

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  
 06 / 30 / 2014

**Transaction ID : SA11C.8814**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757

FEC ID number of contributing federal political committee. **C** C00477745

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  
 06 / 12 / 2014

**Transaction ID : SA11C.8170**

Amount of Each Receipt this Period  
 1000.00

**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).....

2000.00

7780.00

**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 160 OF 243
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 8015 N LA JOLLA SCENIC DR

City LA JOLLA State CA Zip Code 92037

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA12.9057**

Amount of Each Receipt this Period  
2000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address P.O. BOX 3535

City BALLWIN State MO Zip Code 63022

FEC ID number of contributing federal political committee. **C** C00531764

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  
 06 / 03 / 2014

**Transaction ID : SA12.9039**

Amount of Each Receipt this Period  
500.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

**[MEMO ITEM]**

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

Mailing Address PO BOX 1593

City RANCHO SANTA FE State CA Zip Code 92067

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

Name of Employer GLENBROOK Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA12.9081**

Amount of Each Receipt this Period  
2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

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

0.00



**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 161 OF 243
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address PO BOX 1593

City RANCHO SANTA FE State CA Zip Code 92067

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

Name of Employer GLENBROOK Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA12.9082**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 136 JUNIPER ST

City SAN DIEGO State CA Zip Code 92101

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

Name of Employer JD BOLS AND ASSOCIATES Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA12.9075**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 4700 N UNIVERSITY ST SPC 24

City PEORIA State IL Zip Code 61614

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

Name of Employer METRO LEASING OF ILLINOIS 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  
 04 / 21 / 2014

**Transaction ID : SA12.9047**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

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

\_\_\_\_\_ 0.00

\_\_\_\_\_

**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 162 OF 243
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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 10920 VIA FRONTERA #510

City SAN DIEGO State CA Zip Code 92127

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

Name of Employer PRICE SELF STORAGE Occupation CEO

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  
 05 / 12 / 2014

**Transaction ID : SA12.9059**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 128 COUNTRY CLUB PLACE

City SOUTHBRIDGE State MA Zip Code 01550

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

Name of Employer BEST EFFORTS INFORMATION REQUESTED Occupation BEST EFFORTS INFORMATION REQUESTED

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  
 05 / 12 / 2014

**Transaction ID : SA12.9061**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 729 BEL AIR RD

City LOS ANGELES State CA Zip Code 90017

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

Name of Employer TRUST COMPANY OF THE WEST Occupation CHAIRMAN

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  
 06 / 02 / 2014

**Transaction ID : SA12.9071**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

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

\_\_\_\_\_ 0.00

\_\_\_\_\_

**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 163 OF 243
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>ROBERT DAY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2014
Mailing Address 729 BEL AIR RD		<b>Transaction ID : SA12.9072</b>
City LOS ANGELES	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2200.00
Name of Employer TRUST COMPANY OF THE WEST	Occupation CHAIRMAN	JFC TRANSFER: EQUALITY LEADERSHIP FUND
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4800.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>EQUALITY LEADERSHIP FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 2470 DANIELLS BRIDGE RD STE 121		<b>Transaction ID : SA12.8578</b>
City ATHENS	State GA	
FEC ID number of contributing federal political committee. C C00551408		Amount of Each Receipt this Period 7094.17
Name of Employer	Occupation	JFC TRANSFER - SEE MEMO ENTRIES
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 162114.51	

Full Name (Last, First, Middle Initial) <b>EQUALITY LEADERSHIP FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 2470 DANIELLS BRIDGE RD STE 121		<b>Transaction ID : SA12.8579</b>
City ATHENS	State GA	
FEC ID number of contributing federal political committee. C C00551408		Amount of Each Receipt this Period 4237.74
Name of Employer	Occupation	JFC TRANSFER - SEE MEMO ENTRIES
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 166352.25	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11331.91
<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 164 OF 243
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**EQUALITY LEADERSHIP FUND**

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City Athens State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 183273.65

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA12.8998**

Amount of Each Receipt this Period  
 16921.40

JFC TRANSFER - SEE MEMO ENTRIES

**B.** Full Name (Last, First, Middle Initial)  
**EQUALITY LEADERSHIP FUND**

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City Athens State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 189466.53

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA12.8999**

Amount of Each Receipt this Period  
 6192.88

JFC TRANSFER - SEE MEMO ENTRIES

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

Mailing Address 14496 STRAWBERRY RD

City RANCHO SANTA FE State CA Zip Code 92067

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 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA12.9077**

Amount of Each Receipt this Period  
 2000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND  
**[MEMO ITEM]**

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

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

23114.28

**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 165 OF 243
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 7514 GIRARD AVE STE 1-739

City LA JOLLA State CA Zip Code 92037

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

Name of Employer TORTOISE MARKET RESEARCH Occupation 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  
 05 / 16 / 2014

**Transaction ID : SA12.9065**

Amount of Each Receipt this Period  
250.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 7514 GIRARD AVE STE 1-739

City LA JOLLA State CA Zip Code 92037

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

Name of Employer TORTOISE MARKET RESEARCH Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA12.9073**

Amount of Each Receipt this Period  
1000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 475 BRICKELL AVE #910

City MIAMI State FL Zip Code 33131

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

Name of Employer WEBIOTIC Occupation WEB DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA12.9053**

Amount of Each Receipt this Period  
500.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

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

0.00

**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 166 OF 243
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **211 VIA TORTUGA**

City **PALM BEACH** State **FL** Zip Code **33480**

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  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA12.9055**

Amount of Each Receipt this Period  
**500.00**

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**GREATER TOMORROW PAC**

Mailing Address **600 PENNSYLVANIA AVENUE SE  
SUITE 330**

City **WASHINGTON** State **DC** Zip Code **20003**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : SA12.9045**

Amount of Each Receipt this Period  
**200.00**

JFC TRANSFER: YOUNG GUNS DAY I 2014

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**B. WAYNE HUGHES JR.**

Mailing Address **22917 PACIFIC COAST HWY  
STE 350**

City **MALIBU** State **CA** Zip Code **90265**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA12.9063**

Amount of Each Receipt this Period  
**1000.00**

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

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

**0.00**

**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 167 OF 243
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY AND BUDGET FUND (JEB FUND)**

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C** C00420695

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  
 06 / 03 / 2014

**Transaction ID : SA12.9043**

Amount of Each Receipt this Period  
5000.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**LARRY V KLING**

Mailing Address 14215 MARIANOPOLOS WAY

City State Zip Code  
SAN DIEGO CA 92129

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : SA12.9069**

Amount of Each Receipt this Period  
1000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 14215 MARIANOPOLOS WAY

City State Zip Code  
SAN DIEGO CA 92129

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  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA12.9078**

Amount of Each Receipt this Period  
250.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

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

0.00

**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 168 OF 243
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**TYLER D LEWELLING**

Mailing Address 7921 INTERVALE WAY

City Powell State TN Zip Code 37849

FEC ID number of contributing federal political committee.

Name of Employer UNIVERSITY OF TENNESSEE Occupation ADMISSIONS COUNSELOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA12.9051**

Amount of Each Receipt this Period

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 601 CONTOUR DR

City SAN ANTONIO State TX Zip Code 78212

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA12.9048**

Amount of Each Receipt this Period

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 601 CONTOUR DR

City SAN ANTONIO State TX Zip Code 78212

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA12.9049**

Amount of Each Receipt this Period

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

**TOTAL** 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 169 OF 243
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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 1915 TOWNSEND PL

City EL CAJON State CA Zip Code 92019

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  
 \_\_\_\_\_ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA12.9084**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 1915 TOWNSEND PL

City EL CAJON State CA Zip Code 92019

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  
 \_\_\_\_\_ 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA12.9085**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00075820

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  
 05 / 30 / 2014

**Transaction ID : SA12.9037**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

**[MEMO ITEM]**

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

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

\_\_\_\_\_ 0.00

\_\_\_\_\_

**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 170 OF 243
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**OORAH! POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 1053

City: BLOOMINGTON State: IN Zip Code: 47402

FEC ID number of contributing federal political committee: **C** C00551853

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 03 / 2014

**Transaction ID : SA12.9041**

Amount of Each Receipt this Period: 500.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

**[MEMO ITEM]**

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

Mailing Address 9090 LA JOLLA SHORES LN

City: LA JOLLA State: CA Zip Code: 92067

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

Name of Employer: Occupation:  
ALTERIS INVESTMENTS PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 05 / 23 / 2014

**Transaction ID : SA12.9067**

Amount of Each Receipt this Period: 2500.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

Mailing Address 158 COTTON ST

City: NEWTON State: MA Zip Code: 02458

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

Name of Employer: Occupation:  
SELF-EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 30 / 2014

**Transaction ID : SA12.9079**

Amount of Each Receipt this Period: 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

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

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

0.00

**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 171 OF 243
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**YOUNG GUNS DAY I 2014**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00563635

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10540.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA12.8997**

Amount of Each Receipt this Period  
 10540.32

JFC TRANSFER - SEE MEMO ENTRIES

**B.** 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

**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).....

10540.32

44986.51

**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 172 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ACAPULCOS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 20 / 2014</b>
Mailing Address <b>900 CUMMINGS CENTER</b>		Amount of Each Disbursement this Period <b>214.41</b>
City <b>BEVERLY</b> State <b>MA</b> Zip Code <b>01915</b>	Purpose of Disbursement <b>AMEX 4/21/14 CC PAYMENT: TRAVEL: FOOD</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.6898</b> <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 26 / 2014</b>
Mailing Address <b>200 VESEY STREET</b>		Amount of Each Disbursement this Period <b>63.91</b>
City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10285</b>	Purpose of Disbursement <b>AMEX 4/21/14 CC PAYMENT: BANK FEES</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.6899</b> <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 21 / 2014</b>
Mailing Address <b>200 VESEY STREET</b>		Amount of Each Disbursement this Period <b>4370.74</b>
City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10285</b>	Purpose of Disbursement <b>CREDIT CARD PAYMENT: SEE MEMO ENTRIES</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.9090</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4370.74</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 173 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 8743.47
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: BANK FEES	Transaction ID : SB17.6961
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 8383.28
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	Transaction ID : SB17.9091
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. AMERICAN EXPRESS - MERCHANT SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 360.19
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9092
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).....	8743.47
<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 174 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS - MERCHANT SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 914.88
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9093
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. AMERICAN EXPRESS - MERCHANT SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 78.33
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9094
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. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.6908
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	993.21
<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 175 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 10.63
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.6909 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.6926 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.6929 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 176 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 26.35 <b>Transaction ID : SB17.9095</b>
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.25 <b>Transaction ID : SB17.9096</b>
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 25.90 <b>Transaction ID : SB17.9097</b>
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
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).....	87.50
<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 177 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.25 <b>Transaction ID : SB17.9098</b>
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 25.15 <b>Transaction ID : SB17.9099</b>
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.30 <b>Transaction ID : SB17.9100</b>
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
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).....	95.70
<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 178 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AZURE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 710 BOYLSTON STREET		Amount of Each Disbursement this Period 2117.01
City BOSTON	State MA Zip Code 02116	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.6928
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AZURE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 710 BOYLSTON STREET		Amount of Each Disbursement this Period 580.75
City BOSTON	State MA Zip Code 02116	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.6947
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BEAR HILL GOLF CLUB, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2 NORTH STREET		Amount of Each Disbursement this Period 2117.01
City STONEHAM	State MA Zip Code 02180	
Purpose of Disbursement EVENT REGISTRATION FEES		Transaction ID : SB17.9101
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).....	2117.01
<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 179 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BEST BUY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 7601 PENN AVE SOUTH		Amount of Each Disbursement this Period 1501.83
City RICHFIELD State MN Zip Code 55423	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6921 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. BLUE CROSS BLUE SHIELD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 401 PARK DR #14		Amount of Each Disbursement this Period 741.44
City BOSTON State MA Zip Code 02215	Purpose of Disbursement PAYROLL BENEFITS	
Candidate Name	Category/Type	Transaction ID : SB17.9102
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. BLUE CROSS BLUE SHIELD</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 401 PARK DR #14		Amount of Each Disbursement this Period 741.44
City BOSTON State MA Zip Code 02215	Purpose of Disbursement PAYROLL BENEFITS	
Candidate Name	Category/Type	Transaction ID : SB17.9103
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).....	1482.88
<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 180 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BLUE CROSS BLUE SHIELD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 401 PARK DR #14		Amount of Each Disbursement this Period 741.44
City BOSTON	State MA Zip Code 02215	
Purpose of Disbursement PAYROLL BENEFITS	Candidate Name	Transaction ID : SB17.9104
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. BULL FEATHERS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 410 FIRST STREET SE		Amount of Each Disbursement this Period 84.40
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: FOOD	Candidate Name	Transaction ID : SB17.6894
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. ERIN CALVO-BACCI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1050.00
City READING	State MA Zip Code 01867	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Transaction ID : SB17.9201
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1791.44
<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 181 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ERIN CALVO-BACCI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.9202</b>
City READING State MA Zip Code 01867	Purpose of Disbursement FIELD 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. ERIN CALVO-BACCI</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.9203</b>
City READING State MA Zip Code 01867	Purpose of Disbursement FIELD 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. CAPE ANN BREWING CO</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 11 ROGERS STREET		Amount of Each Disbursement this Period 61.97 <b>Transaction ID : SB17.6923</b> <b>[MEMO ITEM]</b>
City GLOUCESTER State MA Zip Code 01930	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5250.00
<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 182 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CASA LARIOS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 7705 W FLAGLER STREET		Amount of Each Disbursement this Period 62.50
City MIAMI State FL Zip Code 33144	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6890</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address PO BOX 196		Amount of Each Disbursement this Period 135.47
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement BROADBAND SERVICES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.9109</b>
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. COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address PO BOX 196		Amount of Each Disbursement this Period 135.47
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement BROADBAND SERVICES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.9110</b>
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).....	270.94
<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 183 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DAPA RESEARCH INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address ONE CENTRAL ROAD		Amount of Each Disbursement this Period 9000.00 <b>Transaction ID : SB17.9114</b>
City LYNNFIELD State MA Zip Code 01940	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:		

Full Name (Last, First, Middle Initial) <b>B. DAPA RESEARCH INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address ONE CENTRAL ROAD		Amount of Each Disbursement this Period 10500.00 <b>Transaction ID : SB17.9115</b>
City LYNNFIELD State MA Zip Code 01940	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:		

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 930.61 <b>Transaction ID : SB17.9214</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	
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).....	20430.61
<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 184 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. EPAY BUSINESS SOLUTIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1126.97 <b>Transaction ID : SB17.9220</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	
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 05 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1069.17 <b>Transaction ID : SB17.9227</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	
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 05 / 28 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 5026.78 <b>Transaction ID : SB17.9213</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	
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).....	7222.92
<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 185 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. EPAY BUSINESS SOLUTIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1403.77
City AUBURN State MA Zip Code 01501	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Candidate Name	Transaction ID : SB17.9233
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 06 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1185.89
City AUBURN State MA Zip Code 01501	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Candidate Name	Transaction ID : SB17.9239
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 06 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1175.39
City AUBURN State MA Zip Code 01501	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Candidate Name	Transaction ID : SB17.9245
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).....	3765.05
<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 186 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. EXXONMOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 76 STOREY AVE		Amount of Each Disbursement this Period 24.38
City NEWBURYPORT	State MA	
Zip Code 01950	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FUEL	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAUL FARRENKOPF</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00
City LYNNFIELD	State MA	
Zip Code 01940	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. PAUL FARRENKOPF</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00
City LYNNFIELD	State MA	
Zip Code 01940	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).....	3500.00
<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 187 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PAUL FARRENKOPF</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.9234</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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. PAUL FARRENKOPF</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.9240</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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. PAUL FARRENKOPF</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.9246</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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).....	5250.00
<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 188 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 3875 AIRWAYS MODULE H3 DEPT 4634		Amount of Each Disbursement this Period 34.25
City MEMPHIS	State TN Zip Code 38116	
Purpose of Disbursement KORB REIMBURSEMENT: POSTAGE		Transaction ID : SB17.9255
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FEDEX OFFICE</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 240 ANDOVER STREET		Amount of Each Disbursement this Period 24.11
City PEABODY	State MA Zip Code 01960	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: OFFICE SUPPLIES		Transaction ID : SB17.6877
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FIRSTGIVING</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2014
Mailing Address 34 FARNSWORTH STREET		Amount of Each Disbursement this Period 35.00
City BOSTON	State MA Zip Code 02210	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: FUNDRAISING CONSULTING		Transaction ID : SB17.6911
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<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 189 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GATEWAY REALTY TRUST</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 239 WESTERN AVE			Amount of Each Disbursement this Period 2341.92	
City ESSEX	State MA	Zip Code 01929	Transaction ID : SB17.9118	
Purpose of Disbursement RENT & UTILITIES		Category/ Type		
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. GATEWAY REALTY TRUST</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 239 WESTERN AVE			Amount of Each Disbursement this Period 2379.30	
City ESSEX	State MA	Zip Code 01929	Transaction ID : SB17.9119	
Purpose of Disbursement RENT & UTILITIES		Category/ Type		
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. GATEWAY REALTY TRUST</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014	
Mailing Address 239 WESTERN AVE			Amount of Each Disbursement this Period 2413.90	
City ESSEX	State MA	Zip Code 01929	Transaction ID : SB17.9120	
Purpose of Disbursement RENT & UTILITIES		Category/ Type		
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).....	7135.12
<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 190 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 85.47
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6903 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 90.66
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6930 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 89.45
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6944 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 191 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GO OUT LOUD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 265 ESSEX STREET #205		Amount of Each Disbursement this Period 295.00 <b>Transaction ID : SB17.9124</b>
City SALEM State MA Zip Code 01970	Purpose of Disbursement FACILITY RENTAL/CATE	
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. RYAN GOUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.9215</b>
City LYNNFIELD State MA Zip Code 01940	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. RYAN GOUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.9223</b>
City LYNNFIELD State MA Zip Code 01940	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).....	6295.00
<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 192 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RYAN GOUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.9229</b>
City LYNNFIELD	State MA	
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. RYAN GOUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.9235</b>
City LYNNFIELD	State MA	
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. RYAN GOUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.9241</b>
City LYNNFIELD	State MA	
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).....	9000.00
<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 193 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RYAN GOUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.9247</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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. GRANITE LISTS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address PO BOX 262		Amount of Each Disbursement this Period 578.34 <b>Transaction ID : SB17.9126</b>
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement LIST RENTAL	Category/ Type
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. GRIDIRON COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO BOX 1308		Amount of Each Disbursement this Period 11325.60 <b>Transaction ID : SB17.9127</b>
City GRANGER	State IN	
Zip Code 46530	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	Category/ Type
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).....	14903.94
<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 194 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. HYATT REGENCY HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 400 NEW JERSEY AVENUE		Amount of Each Disbursement this Period 1367.82
City WASHINGTON	State DC	
Zip Code 20001		Transaction ID : SB17.6888
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: LODGING		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. ICORI</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 200 ARLINGTON ST SUITE 2200		Amount of Each Disbursement this Period 50.00
City CHELSEA	State MA	
Zip Code 02150		Transaction ID : SB17.9261
Purpose of Disbursement SZOLD REIMBURSEMENT: RESEARCH FEE		
Candidate Name		[MEMO ITEM]
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. IMG E LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 603 KING STREET 4TH FLOOR		Amount of Each Disbursement this Period 6508.00
City ALEXANDRIA	State VA	
Zip Code 22314		Transaction ID : SB17.9128
Purpose of Disbursement WEBSITE DEVELOPMENT		
Candidate Name		[MEMO ITEM]
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) .....	6508.00
<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 195 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. INTERNATIONAL PLACE GARAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 1 INTERNATIONAL PLACE		Amount of Each Disbursement this Period 32.00
City BOSTON State MA Zip Code 02110	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: PARKING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.6896 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. INTERNATIONAL PLACE PARKING GARAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 100 OLIVER ST		Amount of Each Disbursement this Period 32.00
City BOSTON State MA Zip Code 02110	Purpose of Disbursement KORB REIMBURSEMENT: PARKING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.9252 <b>[MEMO ITEM]</b>
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. JETBLUE AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 118-29 QUEENS BLVD		Amount of Each Disbursement this Period 278.00
City FOREST HILLS State NY Zip Code 11375	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	Transaction ID : SB17.6878 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<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 196 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JETBLUE AIRWAYS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 118-29 QUEENS BLVD			Amount of Each Disbursement this Period 278.00
City FOREST HILLS	State NY	Zip Code 11375	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR			Transaction ID : SB17.6879
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. JETBLUE AIRWAYS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 118-29 QUEENS BLVD			Amount of Each Disbursement this Period 278.00
City FOREST HILLS	State NY	Zip Code 11375	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR			Transaction ID : SB17.6880
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. PAUL J KARRENKOPF</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 182 NEWBURY ST			Amount of Each Disbursement this Period 66.81
City PEABODY	State MA	Zip Code 01960	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES			Transaction ID : SB17.9205
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:	Category/ Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	66.81
<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 197 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. KOHLBERG KRAVIS ROBERTS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address ATTN: DONNA MCHUGH 9 WEST 57TH ST, STE 4200			Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.9130</b>
City NEW YORK	State NY	Zip Code 10019	
Purpose of Disbursement FACILITY RENTAL		Category/ Type	
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. ASHLEY KORB</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.9216</b>
City LYNNFIELD	State MA	Zip Code 01940	
Purpose of Disbursement PAYROLL		Category/ Type	
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. ASHLEY KORB</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.9224</b>
City LYNNFIELD	State MA	Zip Code 01940	
Purpose of Disbursement PAYROLL		Category/ Type	
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).....	7250.00
<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 198 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ASHLEY KORB</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.9230</b>
City LYNNFIELD	State MA	
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. ASHLEY KORB</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 77.45 <b>Transaction ID : SB17.9197</b>
City LYNNFIELD	State MA	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	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. ASHLEY KORB</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.9236</b>
City LYNNFIELD	State MA	
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).....	7077.45
<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 199 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ASHLEY KORB</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.9242</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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. ASHLEY KORB</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.9248</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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. LENOX HOTEL</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 61 EXTER STREET		Amount of Each Disbursement this Period 24.00 <b>Transaction ID : SB17.6946</b> <b>[MEMO ITEM]</b>
City BOSTON	State MA	
Zip Code 02116	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: LODGING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7000.00
<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 200 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ROBERT MACARTHUR</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014		
Mailing Address 16 ROPES STREET			Amount of Each Disbursement this Period 250.00		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.9207		
Purpose of Disbursement ADMINSTRATIVE CONSULTING		Category/ Type			
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. MARKET BASKET</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 230 S MAIN STREET			Amount of Each Disbursement this Period 49.39		
City MIDDLETON	State MA	Zip Code 01949	Transaction ID : SB17.9257		
Purpose of Disbursement SZOLD REIMBURSEMENT: OFFICE SUPPLIES		Category/ Type			
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. MARKET BASKET</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 230 S MAIN STREET			Amount of Each Disbursement this Period 78.81		
City MIDDLETON	State MA	Zip Code 01949	Transaction ID : SB17.9263		
Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES		Category/ Type			
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).....	250.00
<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 201 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 230 S MAIN STREET

City MIDDLETON State MA Zip Code 01949

Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 03 / 2014

Amount of Each Disbursement this Period: 8.95

Transaction ID : SB17.6935

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. MASSACHUSETTS PORT AUTHORITY**

Mailing Address 1 HARBORSIDE DRIVE

City BOSTON State MA Zip Code 02128

Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2014

Amount of Each Disbursement this Period: 10.00

Transaction ID : SB17.6886

[MEMO ITEM]

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

Mailing Address PO BOX 6600

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 02 / 2014

Amount of Each Disbursement this Period: 667.75

Transaction ID : SB17.9131

**SUBTOTAL** of Disbursements This Page (optional) ..... 667.75

**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 202 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MERCHANT WAREHOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO BOX 6600		Amount of Each Disbursement this Period 812.79
City HAGERSTOWN	State MD	
Zip Code 21740	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9132
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. MERCHANT WAREHOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO BOX 6600		Amount of Each Disbursement this Period 167.86
City HAGERSTOWN	State MD	
Zip Code 21740	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9133
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. CHELSEY NEUHAUS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 111.66
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Transaction ID : SB17.9210
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).....	1092.31
<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 203 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHELSEY NEUHAUS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 100.90	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9211	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type		
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. CHELSEY NEUHAUS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 1750.00	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9225	
Purpose of Disbursement PAYROLL		Category/ Type		
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. CHELSEY NEUHAUS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 1750.00	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9231	
Purpose of Disbursement PAYROLL		Category/ Type		
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).....	3600.90
<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 204 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHELSEY NEUHAUS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.9237</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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. CHELSEY NEUHAUS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.9243</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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. CHELSEY NEUHAUS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.9249</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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).....	5250.00
<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 205 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHELSEY NEUSHAUS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.9218</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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. NEWBURYPORT SIGNS &amp; GRAPHICS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 120 PLEASANT ST		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9137</b>
City NEWBURYPORT	State MA	
Zip Code 01950	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
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. NEWBURYPORT SIGNS &amp; GRAPHICS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 120 PLEASANT ST		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.9138</b>
City NEWBURYPORT	State MA	
Zip Code 01950	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
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).....	2750.00
<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 206 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NORTH OF BOSTON MEDIA GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99
City NORTH ANDOVER State MA Zip Code 01845	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6925 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NORTH OF BOSTON MEDIA GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99
City NORTH ANDOVER State MA Zip Code 01845	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6940 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NORTH SHORE CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 5 CHERRY HILL DRIVE		Amount of Each Disbursement this Period 150.00
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.6905 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<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 207 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NORTH SHORE CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 5 CHERRY HILL DRIVE		Amount of Each Disbursement this Period 37.00
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6943</b>  <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NORTH SHORE PRIDE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address PO BOX 355		Amount of Each Disbursement this Period 1000.00
City MANCHESTER State MA Zip Code 01944	Purpose of Disbursement EVENT REGISTRATION FEE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.9140</b>
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. NORTH SHORE PRIDE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 355		Amount of Each Disbursement this Period 150.00
City MANCHESTER State MA Zip Code 01944	Purpose of Disbursement EVENT REGISTRATION FEE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.9141</b>
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).....	1150.00
<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 208 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NUGENT PHOTOGRAPHY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 56 CANTERBURY RD		Amount of Each Disbursement this Period 5,000.00 Transaction ID : SB17.9256
City YARMOUTH PORT	State MA	
Zip Code 02675	Purpose of Disbursement SZOLD REIMBURSEMENT: PHOTOGRAPHY SERVICES	Category/ Type
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. NUGENT PHOTOGRAPHY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 56 CANTERBURY RD		Amount of Each Disbursement this Period 5,000.00 Transaction ID : SB17.9142
City YARMOUTH PORT	State MA	
Zip Code 02675	Purpose of Disbursement PHOTOGRAPHY SERVICES	Category/ Type
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. OPERATION TROOP SUPPORT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 16 TRINITY STREET		Amount of Each Disbursement this Period 5,100.00 Transaction ID : SB17.9144
City DANVERS	State MA	
Zip Code 01923	Purpose of Disbursement CHARITABLE CONTRIBUTION	Category/ Type
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).....	5250.00
<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 209 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PANERA BREAD</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 228 MAIN STREET		Amount of Each Disbursement this Period 6.40
City WILMINGTON	State MA	
Zip Code 01887	Purpose of Disbursement NEUHAUS REIMBURSEMENT: TRAVEL: FOOD	Transaction ID : SB17.9272
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. PEABODY MUNICIPAL LIGHT PLANT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 201 WARREN STREET EXT		Amount of Each Disbursement this Period 700.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement UTILITIES	Transaction ID : SB17.9146
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 04 / 02 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2413.19
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLAINCE CONSULTING	Transaction ID : SB17.9147
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).....	3113.19
<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 210 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.9148</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLAINCE 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 05 / 09 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 1230.90 <b>Transaction ID : SB17.9149</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLAINCE 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 CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2464.35 <b>Transaction ID : SB17.9150</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLAINCE 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).....	6095.25
<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 211 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. REDS KITCHEN AND TAVERN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 131 NEWBURY STREET		Amount of Each Disbursement this Period 27.90
City PEABODY	State MA	
Zip Code 01960		
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RESIDENCE INN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1199 VERMONT AVENUE		Amount of Each Disbursement this Period 433.96
City WASHINGTON	State DC	
Zip Code 20005		
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: LODGING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RISTORANTE MARCELLINO</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 11 COOPER STREET		Amount of Each Disbursement this Period 675.00
City WALTHAM	State MA	
Zip Code 02453		
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 212 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TIM ROGERS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 4018 9TH STREET SOUTH		Amount of Each Disbursement this Period 450.00
City ARLINGTON	State VA Zip Code 22204	
Purpose of Disbursement FUNDRAISING CONSULTIING	Category/Type	<b>Transaction ID : SB17.9209</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. SEAPORT HOTEL GARAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 1 SEAPORT LANE		Amount of Each Disbursement this Period 28.00
City BOSTON	State MA Zip Code 02210	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: PARKING SERVICES	Category/Type	<b>Transaction ID : SB17.6951</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SOMETHING ELSE STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 212 GOLDEN WILLOW COURT		Amount of Each Disbursement this Period 20800.00
City EASLEY	State SC Zip Code 29642	
Purpose of Disbursement PRODUCTION COSTS	Category/Type	<b>Transaction ID : SB17.9152</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).....	21250.00
<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 213 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. SOMETHING ELSE STRATEGIES**

Mailing Address 212 GOLDEN WILLOW COURT

City EASLEY State SC Zip Code 29642

Purpose of Disbursement PRODUCTION COSTS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2014

Amount of Each Disbursement this Period: 10700.00

Transaction ID : SB17.9153

Category/Type

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

Mailing Address 149 NEWBURY STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2014

Amount of Each Disbursement this Period: 38.00

Transaction ID : SB17.6901

[MEMO ITEM]

Category/Type

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

Mailing Address 444 BROADWAY

City SAUGUS State MA Zip Code 01906

Purpose of Disbursement SZOLD REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 19 / 2014

Amount of Each Disbursement this Period: 106.53

Transaction ID : SB17.9258

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 10700.00

**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 214 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 444 BROADWAY		Amount of Each Disbursement this Period 133.84
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement SZOLD REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9259 <b>[MEMO ITEM]</b>
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. STOP &amp; SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 19 HOWLEY ST		Amount of Each Disbursement this Period 12.73
City PEABODY State MA Zip Code 01960	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9270 <b>[MEMO ITEM]</b>
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 204.53
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.9155
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).....	204.53
<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 215 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 38.75	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9156	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
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. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 54.46	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9157	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
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. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 421.58	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9158	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
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).....	514.79
<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 216 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 33.35 <b>Transaction ID : SB17.9159</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 8.20 <b>Transaction ID : SB17.9160</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 20.05 <b>Transaction ID : SB17.9161</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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).....	61.60
<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 217 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 506.43 <b>Transaction ID : SB17.9162</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 6.53 <b>Transaction ID : SB17.9163</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 39.80 <b>Transaction ID : SB17.9164</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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).....	552.76
<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 218 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 39.80 <b>Transaction ID : SB17.9165</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 4.47 <b>Transaction ID : SB17.9166</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 87.50 <b>Transaction ID : SB17.9167</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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).....	131.77
<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 219 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 119.70		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9168		
Purpose of Disbursement MERCHANT FEES		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. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 2.28		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9169		
Purpose of Disbursement MERCHANT FEES		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. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 306.74		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9170		
Purpose of Disbursement MERCHANT FEES		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).....	428.74
<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 220 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 32.20
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9171
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 217.28
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9172
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 69.14
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9173
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).....	318.62
<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 221 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 309.90 <b>Transaction ID : SB17.9174</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 55.85 <b>Transaction ID : SB17.9175</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 255.83 <b>Transaction ID : SB17.9176</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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).....	621.58
<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 222 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 11.97 <b>Transaction ID : SB17.9177</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 22.33 <b>Transaction ID : SB17.9178</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 31.13 <b>Transaction ID : SB17.9179</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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).....	65.43
<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 223 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 42.08
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9180
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 60.16
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9181
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 21.54
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9182
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).....	123.78
<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 224 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 21.54 <b>Transaction ID : SB17.9183</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 4.25 <b>Transaction ID : SB17.9184</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 415.66 <b>Transaction ID : SB17.9185</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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).....	441.45
<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 225 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 4.25 <b>Transaction ID : SB17.9186</b>
City SAN FRANCISCO	State CA	Zip Code 94110	
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. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 16.91 <b>Transaction ID : SB17.9187</b>
City SAN FRANCISCO	State CA	Zip Code 94110	
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. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 94.82 <b>Transaction ID : SB17.9188</b>
City SAN FRANCISCO	State CA	Zip Code 94110	
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).....	115.98
<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 226 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 112.42		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9189		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
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. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 55.62		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9190		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
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. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 92.90		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9191		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
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).....	260.94
<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 227 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 737.73 <b>Transaction ID : SB17.9192</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 423.25 <b>Transaction ID : SB17.9193</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
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. SUNOCO</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 700 BROADWAY		Amount of Each Disbursement this Period 51.16 <b>Transaction ID : SB17.6912</b> <b>[MEMO ITEM]</b>
City SAUGUS	State MA	
Zip Code 01906	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FUEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1160.98
<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 228 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. SUNOCO</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 700 BROADWAY		Amount of Each Disbursement this Period 2000.00
City SAUGUS	State MA Zip Code 01906	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FUEL		Transaction ID : SB17.6938
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. SWISSBAKERS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 32 LINCOLN STREET		Amount of Each Disbursement this Period 31.15
City READING	State MA Zip Code 01867	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: CATERING SERVICES		Transaction ID : SB17.6914
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00
City LYNNFIELD	State MA Zip Code 01940	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.9219
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<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 229 OF 243		
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 4149.39 <b>Transaction ID : SB17.9198</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type
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. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.9226</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.9232</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
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).....	4149.39
<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 230 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 4106.53 <b>Transaction ID : SB17.9199</b>
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
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. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.9238</b>
City LYNNFIELD State MA Zip Code 01940	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. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.9244</b>
City LYNNFIELD State MA Zip Code 01940	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).....	4106.53
<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 231 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2183.84 <b>Transaction ID : SB17.9200</b>
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
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. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.9250</b>
City LYNNFIELD State MA Zip Code 01940	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. TARGET</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 123.77 <b>Transaction ID : SB17.6907</b> <b>[MEMO ITEM]</b>
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2183.84
<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 232 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TARGET</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 8.05
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6939 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TARGET</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period -8.05
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6949 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. TARGET</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 7.75
City DANVERS State MA Zip Code 01923	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9264 <b>[MEMO ITEM]</b>
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 233 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TARGET</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 31.77
City DANVERS State MA Zip Code 01923	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9266 <b>[MEMO ITEM]</b>
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. TASTE OF METRO NORTH 2014</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address PO BOX 61		Amount of Each Disbursement this Period 50.00
City READING State MA Zip Code 01867	Purpose of Disbursement NEUHAUS REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.9268 <b>[MEMO ITEM]</b>
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. TAXI MAGIC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 5904 RICHMOND HWY		Amount of Each Disbursement this Period 25.30
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.6884 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<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 234 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THE CATALYST GROUP RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330		Amount of Each Disbursement this Period 4100.31
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.9194
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 CATALYST GROUP RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.9195
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 HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 564 BROADWAY		Amount of Each Disbursement this Period 66.81
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement FARRENKOPF REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9262 <b>[MEMO ITEM]</b>
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).....	6100.31
<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 235 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THE HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 564 BROADWAY		Amount of Each Disbursement this Period 39.79
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6936 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. THE HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 564 BROADWAY		Amount of Each Disbursement this Period 80.57
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6937 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. THE PAPER STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 53 DODGE STREET		Amount of Each Disbursement this Period 21.25
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6958 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<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 236 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THRIFTCO PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 26 HOWLEY STREET		Amount of Each Disbursement this Period 2017.39
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement CAMPAIGN PROMOTIONAL	Transaction ID : SB17.9196
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. UNION SQUARE EVENTS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 640 W 28TH STREET		Amount of Each Disbursement this Period 816.57
City NEW YORK	State NY	
Zip Code 10001	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: CATERING SERVICES	Transaction ID : SB17.6953
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UNITED STATES POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 151 RANTOUL STREET		Amount of Each Disbursement this Period 343.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: POSTAGE	Transaction ID : SB17.6916
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2017.39
<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 237 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 514.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6871
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 230.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6872
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 200.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6873
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<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 238 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 60.00
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6874</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 200.00
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6875</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 522.00
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6948</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 239 OF 243			
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 37.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6954
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 25.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6955
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 614.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6956
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<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 240 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 11.20
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement KORB REIMBURSEMENT: POSTAGE	Transaction ID : SB17.9254
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. V.I.P CAB COMPANY</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 2606 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 14.33
City WASHINGTON	State DC	
Zip Code 20018	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.6882
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WAL-MART</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period 432.22
City BENTONVILLE	State AR	
Zip Code 72716	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.6933
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
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 241 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period -33.38
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6941 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period 2.06
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6942 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 702 SW 8TH STREET		Amount of Each Disbursement this Period 25.10
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9265 <b>[MEMO ITEM]</b>
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 242 OF 243	
	<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)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WALL STREET JOURNAL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2014</b>
Mailing Address <b>10 POST OFFICE SQUARE</b>		Amount of Each Disbursement this Period <b>413.40</b>
City <b>BOSTON</b> State <b>MA</b> Zip Code <b>02109</b>	Purpose of Disbursement <b>AMEX 6/16/14 CC PAYMENT: ONLINE SUBSCRIPTION</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6920</b>  <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>217337.58</b>

**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 243 OF 243			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MAUREEN KIDD</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 118 MAIN ST.		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB20A.9212</b>
City TOPSFIELD	State MA	
Zip Code 01983	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	100.00