

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.
LORI FOR CONGRESS 2014

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT

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 in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period through

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 Hayden Schwarm

Signature of Treasurer Hayden Schwarm

[Electronically Filed]

Date

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
LORI FOR CONGRESS 2014

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))....	4387.01	40868.44
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4387.01	40868.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12421.87	56296.00
(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)).....	12421.87	56296.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	32925.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	51000.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

LORI FOR CONGRESS 2014

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="1450.00"/>	<input type="text" value="17763.81"/>	<input type="text" value="500.00"/>
(ii) Unitemized		
<input type="text" value="2937.01"/>	<input type="text" value="16104.63"/>	<input type="text" value="520.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="4387.01"/>	<input type="text" value="33868.44"/>	<input type="text" value="1020.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="6000.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 21

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
4387.01	40868.44	1020.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	51000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	51000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
4387.01	91868.44	1020.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

LORI FOR CONGRESS 2014

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

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="12421.87"/>	<input type="text" value="56296.00"/>	<input type="text" value="3667.12"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 21

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
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21. OTHER DISBURSEMENTS

0.00	0.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

12421.87	56296.00	3667.12
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

4387.01	40868.44	1020.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

12421.87	56296.00	3667.12
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	40960.18
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	4387.01
25. SUBTOTAL (add Line 23 and Line 24).....	45347.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12421.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	32925.32

**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 21
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Wayne Buchanan		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address PO Box 93		Transaction ID : SA11AI.5610	
City South Lyme	State CT	Zip Code 06376	Amount of Each Receipt this Period Contribution 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer US Coast Guard	Occupation Scientist		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. John D'Amato		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 46 Taugwonk Spur Road Unit 8		Transaction ID : SA11AI.5622	
City Stonington	State CT	Zip Code 06378	Amount of Each Receipt this Period In-kind - Use of office space in Gristmill Plaza 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Business owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Laurie Heflin		Date of Receipt M M / D D / Y Y Y Y 11 / 05 / 2014	
Mailing Address 5 Brookside Ave		Transaction ID : SA11AI.5594	
City Madison	State CT	Zip Code 06443	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 8 OF 21
	<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)
LORI FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
Craig Szwed

Mailing Address 31 Webster Rd

City Union State CT Zip Code 06076

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

Name of Employer N/A 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 Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.5567

Amount of Each Receipt this Period
 Contribution **100.00**

B. Full Name (Last, First, Middle Initial)
Vernon Republican Town Committee

Mailing Address 7 Rheel St

City Rockville State CT Zip Code 06066

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period
 In-kind - Use of Office Space **150.00**

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).....

250.00

1450.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21			
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Charles F. Catania III		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1 McShane Ranch Rd		Amount of Each Disbursement this Period 598.00 Transaction ID : SB17.5506
City Uncasville	State CT	
Purpose of Disbursement Pay for services rendered for the campaign		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Charles F. Catania III		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1 McShane Ranch Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5502
City Uncasville	State CT	
Purpose of Disbursement Pay for services rendered for the campaign		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Charles F. Catania III		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1 McShane Ranch Rd		Amount of Each Disbursement this Period 188.89 Transaction ID : SB17.5503
City Uncasville	State CT	
Purpose of Disbursement Reimbursement		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1286.89
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 10 OF 21	
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Charles F. Catania III		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1 McShane Ranch Rd		Amount of Each Disbursement this Period 500.00
City Uncasville	State CT	Zip Code 06382
Purpose of Disbursement Pay for services rendered for the campaign		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Transaction ID : SB17.5498

Full Name (Last, First, Middle Initial) B. Charles F. Catania III		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 1 McShane Ranch Rd		Amount of Each Disbursement this Period 928.97
City Uncasville	State CT	Zip Code 06382
Purpose of Disbursement Pay for services rendered for the campaign		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Transaction ID : SB17.5539

Full Name (Last, First, Middle Initial) c. Connecticut Light & Power		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 650032		Amount of Each Disbursement this Period 63.46
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Lighting		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Transaction ID : SB17.5510

SUBTOTAL of Disbursements This Page (optional).....	1492.43
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 11 OF 21			
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Connecticut Light & Power			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 650032			Amount of Each Disbursement this Period 62.41 Transaction ID : SB17.5511
City Dallas	State TX	Zip Code 75265	
Purpose of Disbursement Lighting		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. John D'Amato			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 46 Taugwonk Spur Road Unit 8			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5624
City Stonington	State CT	Zip Code 06378	
Purpose of Disbursement In-kind - Use of office space in Gristmill Plaza		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Democracy Engine, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 850 Quincy Street, NW #402			Amount of Each Disbursement this Period 8.28 Transaction ID : SB17.5615
City Washington	State DC	Zip Code 20011	
Purpose of Disbursement Fundraising expense		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	570.69
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 12 OF 21	
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Democracy Engine, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 850 Quincy Street, NW #402		Amount of Each Disbursement this Period 13.71 Transaction ID : SB17.5616
City Washington State DC Zip Code 20011	Purpose of Disbursement Fundraising expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Democracy Engine, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 850 Quincy Street, NW #402		Amount of Each Disbursement this Period 30.29 Transaction ID : SB17.5617
City Washington State DC Zip Code 20011	Purpose of Disbursement Fundraising expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Democracy Engine, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 850 Quincy Street, NW #402		Amount of Each Disbursement this Period 1.13 Transaction ID : SB17.5618
City Washington State DC Zip Code 20011	Purpose of Disbursement Fundraising expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	45.13
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 13 OF 21			
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Democracy Engine, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 850 Quincy Street, NW #402		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.5619
City Washington State DC Zip Code 20011	Purpose of Disbursement Fundraising expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Democracy Engine, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 850 Quincy Street, NW #402		Amount of Each Disbursement this Period 3.07 Transaction ID : SB17.5620
City Washington State DC Zip Code 20011	Purpose of Disbursement Fundraising expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Dirt Cheap Signs		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 7301 Bar K Ranch Rd		Amount of Each Disbursement this Period 950.67 Transaction ID : SB17.5523
City Lago Vista State TX Zip Code 78645	Purpose of Disbursement Signage Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	957.69
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 14 OF 21			
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. ExxonMobil - Uncasville			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 568 Norwich New London Tpk			Amount of Each Disbursement this Period 98.08
City Uncasville	State CT	Zip Code 06382	
Purpose of Disbursement Gasoline		Category/ Type 002	Transaction ID : SB17.5522
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Devin Keehner			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 55 Renee Drive			Amount of Each Disbursement this Period 400.00
City Pawcatuck	State CT	Zip Code 06379	
Purpose of Disbursement Pay for services rendered for the campaign		Category/ Type 001	Transaction ID : SB17.5507
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Devin Keehner			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 55 Renee Drive			Amount of Each Disbursement this Period 400.00
City Pawcatuck	State CT	Zip Code 06379	
Purpose of Disbursement Pay for services rendered for the campaign		Category/ Type 001	Transaction ID : SB17.5508
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	898.08
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 15 OF 21			
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Devin Keehner		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 55 Renee Drive		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.5536
City Pawcatuck	State CT	
Zip Code 06379	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Phil Marie		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 208 W Main St		Amount of Each Disbursement this Period 1566.00 Transaction ID : SB17.5500
City East Lyme	State CT	
Zip Code 06357	Purpose of Disbursement Pay for construction	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Minuteman Press		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 176 State St		Amount of Each Disbursement this Period 201.14 Transaction ID : SB17.5518
City New London	State CT	
Zip Code 06320	Purpose of Disbursement Paper goods	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2167.14
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 16 OF 21			
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Louise Noyes		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 19 Tuxis Rd		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.5504
City Madison	State CT Zip Code 06443	
Purpose of Disbursement Pay for services rendered for the campaign		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Louise Noyes		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 19 Tuxis Rd		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.5505
City Madison	State CT Zip Code 06443	
Purpose of Disbursement Pay for services rendered for the campaign		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Louise Noyes		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 19 Tuxis Rd		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.5495
City Madison	State CT Zip Code 06443	
Purpose of Disbursement Pay for services rendered for the campaign		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1050.00
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 17 OF 21			
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Louise Noyes		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 19 Tuxis Rd		Amount of Each Disbursement this Period 350.00
City Madison	State CT	
Zip Code 06443	Purpose of Disbursement Pay for services rendered for the campaign	Transaction ID : SB17.5496
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Louise Noyes		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 19 Tuxis Rd		Amount of Each Disbursement this Period 587.50
City Madison	State CT	
Zip Code 06443	Purpose of Disbursement Pay for services rendered for the campaign	Transaction ID : SB17.5538
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Paesano's Bistro & Bar		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 929 Bank St		Amount of Each Disbursement this Period 1265.00
City New London	State CT	
Zip Code 06320	Purpose of Disbursement Election Night Campaign Event	Transaction ID : SB17.5535
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2202.50
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 18 OF 21			
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Hayden Schwarm			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014		
Mailing Address 44 South Road			Amount of Each Disbursement this Period 140.00		
City Marlborough	State CT	Zip Code 06447	Transaction ID : SB17.5509		
Purpose of Disbursement Pay for services rendered for the campaign		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Hayden Schwarm			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014		
Mailing Address 44 South Road			Amount of Each Disbursement this Period 140.00		
City Marlborough	State CT	Zip Code 06447	Transaction ID : SB17.5501		
Purpose of Disbursement Pay for services rendered for the campaign		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Sunoco - New London			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014		
Mailing Address 440 Ocean Ave			Amount of Each Disbursement this Period 93.63		
City New London	State CT	Zip Code 06320	Transaction ID : SB17.5513		
Purpose of Disbursement Gas		002 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	373.63
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 19 OF 21	
	<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)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Victoria Laine Taskoski		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 139 North Burnham Highway		Amount of Each Disbursement this Period 80.00
City Lisbon	State CT Zip Code 06351	
Purpose of Disbursement Pay for services rendered for the campaign		Transaction ID : SB17.5497
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 001
State: District:		

Full Name (Last, First, Middle Initial) B. Vernon Republican Town Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 7 Rheel St		Amount of Each Disbursement this Period 150.00
City Rockville	State CT Zip Code 06066	
Purpose of Disbursement In-kind - Use of Office Space		Transaction ID : SB17.5614
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
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)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	11274.18

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **LORI FOR CONGRESS 2014** Transaction ID : **SC/10.4320**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
LORI HOPKINS CAVANAGH Primary
 Mailing Address 943 OCEAN AVE General
 Other (specify) ▼

City State ZIP Code
 NEW LONDON CT 06320

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 01 / 27 / 2014 M M / D D / 11/04/2014 4.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 1000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

NAME OF COMMITTEE (In Full) **LORI FOR CONGRESS 2014** Transaction ID : **SC/10.4321**

LOAN SOURCE Full Name (Last, First, Middle Initial) LORI HOPKINS CAVANAGH	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 943 OCEAN AVE		

City	State	ZIP Code
NEW LONDON	CT	06320

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

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 03	D 05	Y 2014 Y	M M / D D / Y 11/04/2014 Y	4.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	50000.00
TOTALS This Period (last page in this line only).....	51000.00

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