

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF FRANK GUINTA

ADDRESS (number and street) ▼

PO BOX 877

Check if different than previously reported. (ACC)

MANCHESTER

NH

03105

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00461350

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NH

01

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

10

16

2014

through

M M / D D / Y Y Y Y

11

24

2014

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

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12

04

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.

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 113

Write or Type Committee Name

FRIENDS OF FRANK GUINTA

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2014			

To:

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

	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))....	220220.11	1220855.97
(b) Total Contribution Refunds (from Line 20(d))	1600.00	1600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	218620.11	1219255.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	572146.14	1211564.26
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	461.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	572146.14	1211102.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....		
	18009.32	
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).....		
	279575.00	

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

FEC Form 3 (Revised 07/05)

PAGE 3 / 113

- 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

FRIENDS OF FRANK GUINTA

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="109613.40"/>	<input type="text" value="633807.84"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="23872.02"/>	<input type="text" value="58145.01"/>	<input type="text" value="100.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="133485.42"/>	<input type="text" value="691952.85"/>	<input type="text" value="100.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="86734.69"/>	<input type="text" value="528903.12"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 113

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))		
220220.11	1220855.97	100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	4133.04	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	461.37	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	2442.57	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
220220.11	1227892.95	100.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 113

Write or Type Committee Name

FRIENDS OF FRANK GUINTA

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		
572146.14	1211564.26	54738.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
10000.00	25000.00	10000.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
10000.00	25000.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
1600.00	1600.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 113

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)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
1600.00	1600.00	0.00
21. OTHER DISBURSEMENTS		
0.00	36000.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
583746.14	1274164.26	64738.23

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))

218620.11	1219255.97	100.00
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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)

572146.14	1211102.89	54738.23
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	381535.35
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	220220.11
25. SUBTOTAL (add Line 23 and Line 24).....	601755.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	583746.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	18009.32

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
DICK ANAGOST

Mailing Address 1662 ELM STREET

City State Zip Code
MANCHESTER NH 03101

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11AI.8006

Amount of Each Receipt this Period
500.00

ANAGOST INVESTMENT GROUP: PERMISSIBLE

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PETER ANASTASIA

Mailing Address 24 VANDERPOOL DRIVE

City State Zip Code
HAMPTON NH 03842

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

Name of Employer Occupation
ORION SEAFOOD GENERAL 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
10 / 24 / 2014

Transaction ID : SA11AI.7731

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SAMUEL S AUDLEY

Mailing Address 11 VAUGHN RD

City State Zip Code
BOW NH 03304

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

Name of Employer Occupation
RS AUDLEY INC. 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
11 / 03 / 2014

Transaction ID : SA11AI.7993

Amount of Each Receipt this Period
1000.00

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 8 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

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

Mailing Address **PO BOX 900**

City **ALTON** State **NH** Zip Code **03809**

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
11 / 04 / 2014

Transaction ID : SA11AI.8001

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
ANGELA V BARONE

Mailing Address **32 CARLETON WAY**

City **NORTH CONWAY** State **NH** Zip Code **03860**

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

Name of Employer **INFORMATION REQUESTED** Occupation **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
11 / 03 / 2014

Transaction ID : SA11AI.7971

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL P BEAN

Mailing Address **236 GOSPORT RD**

City **PORTSMOUTH** State **NH** Zip Code **03801**

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

Name of Employer **BEAN GROUP** 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
10 / 31 / 2014

Transaction ID : SA11AI.7634

Amount of Each Receipt this Period
1000.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. JOSEPH BELLAVANCE IV		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 44 RAYMOND ST		Transaction ID : SA11AI.7636	
City NASHUA	State NH	Zip Code 03064	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer BELLAVANCE BEVERAGE	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. JOSEPH BELLAVANCE IV		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 44 RAYMOND ST		Transaction ID : SA11AI.7637	
City NASHUA	State NH	Zip Code 03064	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer BELLAVANCE BEVERAGE	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) C. TRICIA BENTON		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 11 LANCASTER LN		Transaction ID : SA11AI.7657	
City BEDFORD	State NH	Zip Code 03110	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer EXECUTIVE HEALTH & SPORTS	Occupation WELLNESS DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 3350.00
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 10 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. HARVEY BINES		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 36 CLACHE STREET		Transaction ID : SA11AI.7815	
City LEXINGTON	State MA	Zip Code 02421	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer SULLIVAN & WORCESTER LLP		Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) B. TODD BLACK		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 6 LIBERTY LANE WEST		Transaction ID : SA11AI.7841	
City HAMPTON	State NH	Zip Code 03842	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00	
Name of Employer UNITIL		Occupation EXECUTIVE	
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) C. TRAVIS BLAIS		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 10 COVENTRY LANE		Transaction ID : SA11AI.7795	
City ANDOVER	State MA	Zip Code 01810	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED		Occupation TAX LAWYER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 11 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
RAYMOND R BOISSONEAU

Mailing Address **25 MEETINGHOUSE RD**

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

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

Name of Employer **ELECTROPAC CO.INC.** Occupation **SELF-EMPLOYED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11A1.7946

Amount of Each Receipt this Period
100.00

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

Mailing Address **25 S RIVER RD**

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

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

Name of Employer **GREAT NEW HAMPSHIRE RESTAURANT** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2558.40

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11A1.7277

Amount of Each Receipt this Period
2558.40

IN-KIND: FACILITY RENTAL/CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
BRADY SULLIVAN PROPERTIES, LLC

Mailing Address **670 NORTH COMMERCIAL ST
SUITE 303**

City **MANCHESTER** State **NH** Zip Code **03101**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

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

Transaction ID : SA11A1.7441

Amount of Each Receipt this Period
2600.00

PERMISSIBLE FUNDS-SEE MEMO

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

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

5258.40

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
BRADY SULLIVAN PROPERTIES, LLC

Mailing Address 670 NORTH COMMERCIAL ST
SUITE 303

City State Zip Code
MANCHESTER NH 03101

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
10 31 / 2014

Transaction ID : SA11A1.7442

Amount of Each Receipt this Period
400.00

PERMISSIBLE FUNDS-SEE MEMO-PRIMARY DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
JOHN S BRANDTE

Mailing Address 205 EAST SIDE DRIVE

City State Zip Code
CONCORD NH 03001

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

Name of Employer Occupation
SELF-EMPLOYED 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
11 01 / 2014

Transaction ID : SA11A1.7610

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
STEVE BRENNAN

Mailing Address 21 SANBORN WAY

City State Zip Code
BRENTWOOD NH 03833

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
205.00

Date of Receipt
M M / D D / Y Y Y Y
10 30 / 2014

Transaction ID : SA11A1.7624

Amount of Each Receipt this Period
50.00

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 13 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
STEVE BRENNAN

Mailing Address 21 SANBORN WAY

City State Zip Code
BRENTWOOD NH 03833

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.7544

Amount of Each Receipt this Period

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

Mailing Address 1 STONERIDGE DR

City State Zip Code
RYE NH 03870

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DCC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7649

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
BEVERLY BRUCE

Mailing Address 300 MOUNTAIN RD

City State Zip Code
CENTER TUFTONBORO NH 03816

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BRUCE GROUP CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7642

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 14 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
JEFFREY A CARLISLE

Mailing Address **4 CHESTNUT WAY**

City **STRATHAM** State **NH** Zip Code **03885**

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

Name of Employer **LEVERAGED DEVELOPMENTS LLC** Occupation **MEDICAL SYSTEMS DESIGNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 25 / 2014

Transaction ID : SA11AI.7704

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RUSSELL L CARSON

Mailing Address **930 FIFTH AVE**

City **NEW YORK** State **NY** Zip Code **10021**

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

Name of Employer **WELSH, CARSON, ANDERSON, STONE** Occupation **PRIVATE EQUITY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.7856

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
FRANK CATAPANO

Mailing Address **3 HICKORY POND LN**

City **STRATHAM** State **NH** Zip Code **03788**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.7862

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 15 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
ROBERT M CHAIKIN

Mailing Address **26 WELSH COVE DRIVE**

City **NEWINGTON** State **NH** Zip Code **03801**

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

Name of Employer **SELF-EMPLOYED** 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
10 / 20 / 2014

Transaction ID : SA11A1.7800

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LANE CHENEY

Mailing Address **76 EXETER RD**

City **NEWMARKET** State **NH** Zip Code **03857**

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

Name of Employer **CHENEY EAST CORP** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11A1.7646

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RICHARD W. CLARKE

Mailing Address **32 SALISBURY ROAD**

City **KEENE** State **NH** Zip Code **03431**

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

Name of Employer **CLARKE DISTRIBUTORS** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11A1.7647

Amount of Each Receipt this Period
1500.00

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

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

3500.00

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
CHARLES CLEMENT

Mailing Address 88 TEN ROD RD

City ROCHESTER State NH Zip Code 03867

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

Name of Employer EASTERN PROPANE Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11AI.7654

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RON COHEN

Mailing Address 3 WARWICK CIRCLE

City ANDOVER State MA Zip Code 01810

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

Name of Employer SIG SAVER, INC. Occupation BUSINESSMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.7806

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CURTIS COLEMAN

Mailing Address 9 NH ROUTE 113

City CONWAY State NH Zip Code 03818

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

Name of Employer COLEMAN COLEMAN Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.7648

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
PATRICK N COLEMAN

Mailing Address 30 DRAKE HILL RD

City ALBANY State NH Zip Code 02818

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

Name of Employer ALVIN J COLEMAN & SON INC Occupation BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11A1.7632

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KATHERINE O COSTA

Mailing Address PO BOX 399

City NOTTINGHAM State NH Zip Code 03290

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

Name of Employer STUDENT Occupation STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11A1.7814

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JAMES C COURTOVICH

Mailing Address 1737 H STREET NW SUITE 200

City WASHINGTON State DC Zip Code 20006

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

Name of Employer SPHERE CONSULTING Occupation CONSTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11A1.7812

Amount of Each Receipt this Period
1000.00

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 18 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
DENIS A CRONIN

Mailing Address 11 OLD EVERGREEN ROAD

City Bedford State NH Zip Code 03110

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

Name of Employer JAKEMANS US Occupation SALES 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
 11 / 03 / 2014

Transaction ID : SA11AI.7693

Amount of Each Receipt this Period
250.00

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

Mailing Address 6 ORCHARD VIEW DRIVE

City Amherst State NH Zip Code 03031

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

Name of Employer TF MORAN, INC Occupation CIVIL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11AI.7820

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JEBB CURELOP

Mailing Address 295 MAIN STREET

City NASHUA State NH Zip Code 03060

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

Name of Employer LIFE COPING INC Occupation CASE MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.7706

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 19 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
MR. THEODORE H CUTLER

Mailing Address 33 COMMONWEALTH AVE

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
THE INTERFACE GROUP VP/DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.7824

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
RICHARD DANAIS

Mailing Address 740 CHESTNUT STREET

City State Zip Code
MANCHESTER MA 03104

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

Name of Employer Occupation
DANAIS REALTY 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
10 31 2014

Transaction ID : SA11AI.7990

Amount of Each Receipt this Period
500.00

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

Mailing Address 824 S. MAMMOTH RD

City State Zip Code
MANCHESTER NH 03109

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

Name of Employer Occupation
TOKENA CORP REAL ESTSATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 27 2014

Transaction ID : SA11AI.7831

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 20 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
THOMAS G DELACEY

Mailing Address **5 CHAMPAGNE TERRACE**

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

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

Name of Employer **WBS A HUB INTERNATIONAL COMPANY** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11A1.7855

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NANINE DIGIOVANNI

Mailing Address **224 MILL POND ROAD**

City **NOTTINGHAM** State **NH** Zip Code **03290**

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

Name of Employer **SELF EMPLOYED** 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
11 / 02 / 2014

Transaction ID : SA11A1.7791

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
DAVID D DOHERTY

Mailing Address **PO BOX 2227**

City **CONWAY** State **NH** Zip Code **03818**

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

Name of Employer **VARSITY BEVERAGE/ PEPSICOLA** 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
10 / 30 / 2014

Transaction ID : SA11A1.7850

Amount of Each Receipt this Period
250.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) DEVIN FARRELLY		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 18 GRAY CT.		Transaction ID : SA11AI.7684	
City RYE	State NH	Zip Code 03870	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1350.00		

Full Name (Last, First, Middle Initial) JOHN FERLINS		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 88 DOW RD.		Transaction ID : SA11AI.7973	
City HOLLIS	State NH	Zip Code 03049	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) TRACY FLAHERTY		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 8 OTIS PL		Transaction ID : SA11AI.7987	
City BOSTON	State MA	Zip Code 02108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NATIXIS GLOBAL	Occupation SENIOR VICE PRESIDENT		
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).....	1100.00
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 22 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) GEORGE FOGWELL		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 3 SPRUCE MEADOW DRIVE		Transaction ID : SA11AI.7771
City NORTH HAMPTON	State NH	
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 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) PAUL FORTE		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 99 GREAT POND DRIVE		Transaction ID : SA11AI.7708
City BOXFORD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LONG TERM CARE PARTNERS, LLC	Occupation INSURANCE EXECUTIVE	
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) FREDERICK FRITZ		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 7100 WOOD STORK		Transaction ID : SA11AI.7761
City HOBE SOUND	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 23 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
Mr. AUGUST G FROMUTH

Mailing Address **618 NORTH BAY ST**

City **MANCHESTER** State **NH** Zip Code **03104**

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

Name of Employer **FREEDOM ENERGY LOGISTICS** Occupation **BUSINESS OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.7666

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LOU GARGIULO

Mailing Address **21 LINDEN ROAD**

City **HAMTON FALLS** State **NH** Zip Code **03844**

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

Name of Employer **GREAT NORM** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.7673

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
FRANK GIEBUTOWSKI

Mailing Address **PO BOX 2265**

City **WOLFEBORO** State **NH** Zip Code **03894**

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 M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.7766

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 24 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) KENNARD GOLDSMITH JR		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 500 BRACKETT ROAD		Transaction ID : SA11AI.7797	
City RYE	State NH	Zip Code 03870	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C	
Name of Employer SELF-EMPLOYED	Occupation AEROSPACE		
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) RONALD V GOSLIN		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 370 SILVER ST		Transaction ID : SA11AI.7808	
City MIDDLETON	State NH	Zip Code 03887	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C	
Name of Employer SIG SAVER, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) ROBERT GRAPPONE		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 4931 BONITA BAY BLVD		Transaction ID : SA11AI.7671	
City BONITA SPINGS	State FL	Zip Code 34134	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C	
Name of Employer GRAPPONE AUTOMOTIVE GROUP	Occupation AUTO DEALER		
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).....	_____ 1250.00
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 25 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. ZAC GREGG		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 155 FLEET STREET		Transaction ID : SA11AI.7689	
City PORTSMOUTH	State NH	Zip Code 03801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer IOS BUSINESS CENTERS	Occupation 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) B. BRIAN R GRODMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 2929 N ELM STREET		Transaction ID : SA11AI.7976	
City MANCHESTER	State NH	Zip Code 03104	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer GRODMAN FINANCIAL GROUP	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Mr. STEPHEN J GRZYWACZ		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 405 CRESTVIEW CIR		Transaction ID : SA11AI.7974	
City MANCHESTER	State NH	Zip Code 03104	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MILFORD LUMBER COMPANY	Occupation PRESIDENT & CEO		
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).....	1000.00
TOTAL 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 26 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
MATTHEW HALVORSEN

Mailing Address **1 SUNDIAL AVE**
SUITE 112

City **MANCHESTER** State **NH** Zip Code **03103**

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

Name of Employer **LSNE, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.7711

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
HARRY HEALER

Mailing Address **PO BOX 533**

City **PETERBOROUGH** State **NH** Zip Code **03458**

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 M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.7768

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
EDWARD C HIERS

Mailing Address **43 CONSTITUTION DRIVE**

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

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

Name of Employer **NE PLANNING ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2014

Transaction ID : SA11AI.7997

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 27 OF 113		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
DENNIS HILLER

Mailing Address **POB 518**

City **JACKSON** State **NE** Zip Code **03846**

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

Name of Employer **HILLER ORTHODONTICS, P.C.** Occupation **ORTHODONTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2014

Transaction ID : SA11AI.7787

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PETER E HUTCHINS

Mailing Address **138 BARRETT ST.**

City **MANCHESTER** State **NH** Zip Code **03104**

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

Name of Employer **HUTCHINS LAW OFFICES** Occupation **LAWYER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2014

Transaction ID : SA11AI.7502

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
ERIC JOSTROM

Mailing Address **264 BIRCHES RD**

City **SUGAR HILL** State **NH** Zip Code **03586**

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

Name of Employer **IPSWICH INVESTMENT CO.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2014

Transaction ID : SA11AI.7691

Amount of Each Receipt this Period
1500.00

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

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

1775.00

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
CHAD KAGELEIRY

Mailing Address **PO BOX 186**

City **DOVER** State **NH** Zip Code **03820**

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

Name of Employer **SUMMIT LAND DEVELOPMENT** Occupation **REAL ESTATE DEVELOPMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11A1.7816

Amount of Each Receipt this Period
2000.00

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

Mailing Address **16 CHESTNUT STREET**

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

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

Name of Employer **AFFILIATED MANAGERS GROUP** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11A1.7633

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ANN R. LALLY

Mailing Address **456 N. ADAMS ST.**

City **MANCHESTER** State **NH** Zip Code **03104**

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

Name of Employer **SALEM CO-OPERATIVE BANK** 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
10 / 20 / 2014

Transaction ID : SA11A1.7985

Amount of Each Receipt this Period
500.00

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

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

3500.00

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. JOSEPH LAMONT		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address PO BOX 3517		Transaction ID : SA11AI.7702	
City MANCHESTER	State NH	Zip Code 03105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer LAMONT, HANLEY & ASSOCIATES, INC.	Occupation ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

Full Name (Last, First, Middle Initial) B. JOSEPH LAMONT		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address PO BOX 3517		Transaction ID : SA11AI.7703	
City MANCHESTER	State NH	Zip Code 03105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer LAMONT, HANLEY & ASSOCIATES, INC.	Occupation ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00		

Full Name (Last, First, Middle Initial) C. THOMAS LANKFORD		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 8304 IVY GREEN ROAD		Transaction ID : SA11AI.7848	
City FAIRFAX STATION	State VA	Zip Code 22039	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer VAN SCOYOC ASSOCIATES	Occupation VICE PRESIDENT		
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).....	700.00
TOTAL This Period (last page this line number only).....	700.00

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
JOSEPH E.M. LARocca

Mailing Address 56 DANFORTH CIRCLE

City State Zip Code
MANCHESTER NH 03104

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

Name of Employer Occupation
HORIZON BEVERAGE 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
10 / 20 / 2014

Transaction ID : SA11AI.7983

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NORMAJEAN LARRIVEE

Mailing Address 1 FIELDSTONE DR

City State Zip Code
BEDFORD NH 03110

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
10 / 29 / 2014

Transaction ID : SA11AI.7773

Amount of Each Receipt this Period
1000.00

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

Mailing Address 700 HANOVER ST

City State Zip Code
MANCHESTER NH 03104-5309

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

Name of Employer Occupation
HANOVER HILL HEALTH CARE HEALTH CARE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.7678

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. DANIEL LEONARD		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 1921 CARROLLTON RD		Transaction ID : SA11AI.7721	
City ANNAPOLIS	State MD	Zip Code 21409	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer NATIONAL PHARMACEUTICAL COUNCI	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. TIM V LONG		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 17 MARSTON DR		Transaction ID : SA11AI.7716	
City BEDFORD	State NH	Zip Code 03110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MERIDIAN CONSTRUCTION CO	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. ROBERT LONGCHAMPS		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 2061 GOFFS FALLS RD		Transaction ID : SA11AI.7710	
City MANCHESTER	State NH	Zip Code 03103	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer LONGCHAMPS ELECTRIC	Occupation ELECTRICAL CONTRACTOR		
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).....	2500.00
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 32 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
LINDA LOVERING

Mailing Address **88 POWERS ROAD**

City **MEREDITH** State **NH** Zip Code **03253**

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

Name of Employer **LOVERING VOLVO** Occupation **BUSINESS OWNER**

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
10 / 31 / 2014

Transaction ID : SA11A1.7734

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS F LOZICK

Mailing Address **1069 ROYAL MILE**

City **BIRMINGHAM** State **AL** Zip Code **35242**

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

Name of Employer **SWAGELOCK ALABAMA** 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 Y
10 / 27 / 2014

Transaction ID : SA11A1.7817

Amount of Each Receipt this Period
1000.00

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

Mailing Address **101 HUNTINGTON AVE
SUITE 2205**

City **BOSTON** State **MA** Zip Code **02199**

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

Name of Employer **JENZABAR** 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
10 / 27 / 2014

Transaction ID : SA11A1.7699

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 33 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

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

Mailing Address P.O. BOX 83

City State Zip Code
EATON NH 03832

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
11 / 01 / 2014

Transaction ID : SA11AI.7607

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
ANNA BARBARA MARCONI

Mailing Address 27 PARKMAN BROOK LANE

City State Zip Code
STRATHAM NH 03885

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

Name of Employer Occupation
SHEEHAN PHINNEY BASS + GREEN PA ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11AI.7802

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GREG MASON

Mailing Address 1400 HALL STREET

City State Zip Code
MANCHESTER NH 03104

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

Name of Employer Occupation
MERRIMACK RIVER TECHNOLOGIES, LLC NETWORK ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.7449

Amount of Each Receipt this Period
100.00
MERRIMACK RIVER TECHNOLOGIES, LLC

[MEMO ITEM]

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 34 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. GREG MASON		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 1400 HALL STREET		Transaction ID : SA11AI.7717	
City MANCHESTER	State NH	Zip Code 03104	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer MERRIMACK RIVER TECHNOLOGIES, LLC	Occupation NETWORK ENGINEER		
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. Mr. DAVID C MCAVOY		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 11 MOUNTVIEW RD		Transaction ID : SA11AI.7729	
City WELLESLEY HILLS	State MA	Zip Code 02481	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NORTHWESTERN MUTUAL	Occupation FINANCIAL SERVICES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1200.00		

Full Name (Last, First, Middle Initial) C. JOHN J MCDEVITT JR		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 13 SHORE DR		Transaction ID : SA11AI.7715	
City GILFORD	State NH	Zip Code 03249	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer MCDEVITT MACK INC	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 550.00
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 35 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

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

Mailing Address 63 ATLANTIC AVE 7E

City State Zip Code
BOSTON MA 02110

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

Name of Employer Occupation
TITO'S VODKA OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3300.00

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

Transaction ID : SA11AI.7998

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL K MCGINN

Mailing Address 16 ORIOLE RD

City State Zip Code
WINDHAM NH 03087

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

Name of Employer Occupation
GREAT STATE BEVERAGES, INC VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.7674

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY MELANSON

Mailing Address P.O. BOX 522

City State Zip Code
WOLFEBORO NH 03894

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.7786

Amount of Each Receipt this Period
250.00

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

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

2750.00

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. ALLEN MELLO		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 24 APPLETREE GREEN		Transaction ID : SA11AI.7799	
City NASHUA	State NH	Zip Code 03062	Amount of Each Receipt this Period _____ 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) B. ALLEN MELLO		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 24 APPLETREE GREEN		Transaction ID : SA11AI.7864	
City NASHUA	State NH	Zip Code 03062	Amount of Each Receipt this Period _____ 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 _____ 1000.00		

Full Name (Last, First, Middle Initial) C. PETER MILNES		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 40 STARK ST		Transaction ID : SA11AI.7742	
City MANCHESTER	State NH	Zip Code 03101	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer PRM ENTERPRISES, INC.	Occupation INS		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1250.00
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: PAGE 37 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
ELI MISTOVICH

Mailing Address **5 LEELYN CIRCLE**

City **LONDONDERRY** State **NH** Zip Code **03053**

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
695.00

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

Transaction ID : SA11AI.7988

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHUCK MORAN

Mailing Address **18 GRANT DR**

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

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

Name of Employer **SKILLSOFT** 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
10 / 29 / 2014

Transaction ID : SA11AI.7810

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MIKE MORAN

Mailing Address **50 CEDAR CREST LANE**

City **AUBURN** State **NH** Zip Code **03032**

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

Name of Employer **OWNER** Occupation **IPSWICH CLAMBAKE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.7733

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 38 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) SUSAN MORAN		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 18 GRANT DR		Transaction ID : SA11AI.7686
City BEDFORD	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
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) THOMAS J MORIN		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 301 DEPOT RD		Transaction ID : SA11AI.7978
City HOLLIS	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MORIN LANDSCAPING	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) THOMAS MOULTON		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 702 SOUTH ROAD		Transaction ID : SA11AI.7811
City RYE	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer SLEEPNET	Occupation SELF EMPLOYED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 39 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
IRWIN MUSKAT

Mailing Address 555 CANAL STREET PH

City State Zip Code
MANCHESTER NH 03101

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
4000.00

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

Transaction ID : SA11AI.7999

Amount of Each Receipt this Period
2000.00

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

Mailing Address 10 POWISSET STREET

City State Zip Code
DOVER MA 02030

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
1500.00

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

Transaction ID : SA11AI.7769

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH D. NAPOLI

Mailing Address 139 HILLCREST RD

City State Zip Code
MANCHESTER MA 02050-8232

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.7617

Amount of Each Receipt this Period
50.00

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 40 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
Mr. JOSEPH M O'CONNOR

Mailing Address **44 CORDEIRO DRIVE**

City **DOVER** State **NH** Zip Code **03820**

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 **320.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.7753

Amount of Each Receipt this Period
100.00

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

Mailing Address **450 RIVIERA CIRCLE**

City **LARKSPUR** State **CA** Zip Code **94939**

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

Name of Employer **HEADLANDS ASSET MANAGEMENT LLC** 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
10 / 22 / 2014

Transaction ID : SA11AI.7861

Amount of Each Receipt this Period
2600.00

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

Mailing Address **450 RIVIERA CIRCLE**

City **LARKSPUR** State **CA** Zip Code **94939**

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

Name of Employer **HEADLANDS ASSET MANAGEMENT LLC** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4200.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.7918

Amount of Each Receipt this Period
1600.00
PRIMARY DEBT RETIREMENT

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

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

4300.00

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
MATT PIERSON

Mailing Address **8 CHABLIS COURT**

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

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

Name of Employer **SELF EMPLOYED** Occupation **INVESTMENT 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
10 / 30 / 2014

Transaction ID : SA11AI.7789

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
THOMAS D PRIETO

Mailing Address **PO BOX 1267**

City **NASHUA** State **NH** Zip Code **03061**

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

Name of Employer **THOMAS D PRIETO REALTY** Occupation **REAL ESTATE BROKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

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

Transaction ID : SA11AI.7829

Amount of Each Receipt this Period
1200.00

C. Full Name (Last, First, Middle Initial)
ELSA D PRINCE

Mailing Address **1057 SOUTH SHORE DR**

City **HOLLAND** State **MI** Zip Code **49423**

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
10 / 30 / 2014

Transaction ID : SA11AI.7774

Amount of Each Receipt this Period
2000.00

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

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

3700.00

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

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

Mailing Address 59 HIDEAWAY LANE

City State Zip Code
HOLLIS NH 03049

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

Name of Employer Occupation
HARVEY CONSTRUCTION CORPORATION BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.7683

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JEFFREY PURTELL

Mailing Address 31 PLEASANT POINT DRIVE

City State Zip Code
PORTSMOUTH NH 03801

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

Name of Employer Occupation
PURTELL INVESTMENT COMPANY, INC. SELF-EMPLOYED/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
10 / 25 / 2014

Transaction ID : SA11AI.7744

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
HOBART G RAND

Mailing Address 2783 ELM STREET

City State Zip Code
MANCHESTER NH 03104

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
10 / 27 / 2014

Transaction ID : SA11AI.7763

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 43 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
CHRISTINE M RAYMOND

Mailing Address 39 WILDWOOD DRIVE

City State Zip Code
BROOKLINE NH 03033

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

Name of Employer Occupation
CHARLES RIVER INSURANCE INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.7645

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MARCIA REGAN

Mailing Address P.O. BOX 31905

City State Zip Code
PALM BEACH GARDENS FL 33420

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

Name of Employer Occupation
SELF-EMPLOYED MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.7792

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MARCIA REGAN

Mailing Address P.O. BOX 31905

City State Zip Code
PALM BEACH GARDENS FL 33420

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

Name of Employer Occupation
SELF-EMPLOYED MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2014

Transaction ID : SA11AI.7793

Amount of Each Receipt this Period
100.00

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

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

2800.00

**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 44 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
JOE REILLY

Mailing Address 49 OLD SAWMILL ROAD

City BEDFORD State NH Zip Code 03110

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

Name of Employer EASTERN BANK 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 Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.7652

Amount of Each Receipt this Period
500.00

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

Mailing Address 153 GARFIELD RD

City CONCORD State MA Zip Code 01742

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 Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.7687

Amount of Each Receipt this Period
2600.00

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

Mailing Address 153 GARFIELD ROAD

City CONCORD State MA Zip Code 01742

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

Name of Employer PUTNAM INVESTMENTS Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

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

Transaction ID : SA11AI.7745

Amount of Each Receipt this Period
2600.00

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

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

5700.00

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

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

Mailing Address **PO BOX 176**

City **WABAN** State **MA** Zip Code **02468**

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

Name of Employer **HARVARD PILGRIM** Occupation **ANALYST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.7681

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY RILEY

Mailing Address **67 BRICK MILL ROAD**

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

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

Name of Employer **HARBOR GROUP** Occupation **FINANCIAL PLANNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.7679

Amount of Each Receipt this Period
1000.00

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

Mailing Address **5302 BROOKEWAY DRIVE**

City **BETHESDA** State **MD** Zip Code **20816**

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
10 / 20 / 2014

Transaction ID : SA11AI.7755

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 46 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

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

Mailing Address 5302 BROOKEWAY DRIVE

City State Zip Code
BETHESDA MD 20816

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2014

Transaction ID : SA11AI.7754

Amount of Each Receipt this Period
100.00

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

Mailing Address 5302 BROOKEWAY DRIVE

City State Zip Code
BETHESDA MD 20816

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.7764

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM RITCXHIE

Mailing Address 5302 BROOKEWAY DR

City State Zip Code
BETHESDA MD 20816

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2014

Transaction ID : SA11AI.7757

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 47 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
CHARLES F. ROLECEK

Mailing Address **38 PERRY RD**

City **BEDFORD** State **NH** Zip Code **03101**

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

Name of Employer **THE PREMIER COMPANIES** Occupation **BUSINESS 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
11 / 02 / 2014

Transaction ID : SA11A1.7826

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY P RYAN

Mailing Address **8080 WOODBERRY BLVD**

City **CHAGRIN FALLS** State **OH** Zip Code **44023**

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

Name of Employer **GREAT LAKES GROWERS, LLC** Occupation **CO-OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11A1.7672

Amount of Each Receipt this Period
1000.00

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

Mailing Address **13 HIGH MEADOW LANE**

City **AMHERST** State **NH** Zip Code **03031**

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

Name of Employer **JAS INDUSTRIES INC** 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
10 / 29 / 2014

Transaction ID : SA11A1.7697

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 48 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. BEN W SANDERS		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 17 LOON SONG LANE		Transaction ID : SA11AI.7777	
City MOULTONBOROUGH	State NH	Zip Code 03254	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer SANDERS MANAGEMENT CONSULTING	Occupation CONSULTANT		
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. JEANNE V SANDERS		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 17 LOON SONG LANE		Transaction ID : SA11AI.7667	
City MOULTONBORO	State NH	Zip Code 03254	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer GOLDEN VIEW HEALTH CARE	Occupation ADMINISTRATOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3250.00		

Full Name (Last, First, Middle Initial) C. JEANNE V SANDERS		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 17 LOON SONG LANE		Transaction ID : SA11AI.8004	
City MOULTONBORO	State NH	Zip Code 03254	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00	
Name of Employer GOLDEN VIEW HEALTH CARE	Occupation ADMINISTRATOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4050.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL 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 49 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
STELLA SCAMMAN

Mailing Address 69 PORTSMOUTH AVE

City STRATHAM State NH Zip Code 03885

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

Name of Employer SCAMMAN FARM Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.7982

Amount of Each Receipt this Period
500.00

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

Mailing Address 3 SEA ROAD

City NORTH HAMPTON State NH Zip Code 03862

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

Name of Employer UNITIL CORP. 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
 10 / 25 / 2014

Transaction ID : SA11AI.7843

Amount of Each Receipt this Period
500.00

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

Mailing Address 49 LIBERTY HILL RD

City BEDFORD State NH Zip Code 03110

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

Name of Employer SIG SAUER Occupation BUSINESSMAN

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
 10 / 31 / 2014

Transaction ID : SA11AI.7804

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 50 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
MR. LEONARD STEINER

Mailing Address **PO BOX 4872**

City **MANCHESTER** State **NH** Zip Code **03108**

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

Name of Employer **STEINER & COMPANY** Occupation **OWNER**

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
10 / 21 / 2014

Transaction ID : SA11A1.7991

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRADY SULLIVAN

Mailing Address **670 NORTH COMMERCIAL ST**

City **MANCHESTER** State **NH** Zip Code **03101**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3600.00**

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

Transaction ID : SA11A1.7446

Amount of Each Receipt this Period
2600.00

BRADY SULLIVAN PROPERTIES, LLC

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BRADY SULLIVAN

Mailing Address **670 NORTH COMMERCIAL ST**

City **MANCHESTER** State **NH** Zip Code **03101**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

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

Transaction ID : SA11A1.7448

Amount of Each Receipt this Period
400.00

BRADY SULLIVAN PROPERTIES, LLC

[MEMO ITEM]

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 51 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
KEVIN C SWENSON

Mailing Address 47 STRAWS POINT

City RYE State NH Zip Code 03870

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

Name of Employer SWENSON GRANITE 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
 10 / 27 / 2014

Transaction ID : SA11AI.7980

Amount of Each Receipt this Period
500.00

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

Mailing Address 34 MILL STONE TERRACE

City BEDFORD State NH Zip Code 03110

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

Name of Employer NIXO PEABODY LLP 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
 10 / 29 / 2014

Transaction ID : SA11AI.7728

Amount of Each Receipt this Period
1000.00

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

Mailing Address 75 WILSON HILL ROAD

City MERRIMACK State NH Zip Code 03054

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3472.50

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

Transaction ID : SA11AI.7772

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 52 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
G. FRANK TEAS

Mailing Address **PO BOX 45**

City **NASHUA** State **NH** Zip Code **03061**

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

Name of Employer **LAKE SUNAPEE BANK** 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
10 / 27 / 2014

Transaction ID : SA11AI.7701

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICK THAYER

Mailing Address **407 MERRYMEETING ROAD**

City **NEW DUEHAM** State **NH** Zip Code **03855**

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
10 / 18 / 2014

Transaction ID : SA11AI.7759

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LAWRENCE THIBODEAU

Mailing Address **4 FAIR OAKS DRIVE**

City **AMHERST** State **NH** Zip Code **03031**

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

Name of Employer **HAMPSHIRE FIRE PROTECTION CO.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.7675

Amount of Each Receipt this Period
400.00

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

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

1150.00

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
LAWRENCE THIBODEAU

Mailing Address **4 FAIR OAKS DRIVE**

City **AMHERST** State **NH** Zip Code **03031**

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

Name of Employer **HAMPSHIRE FIRE PROTECTION CO.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11A1.7676

Amount of Each Receipt this Period
100.00

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

Mailing Address **60 NORTH AMHERST RD**

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

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

Name of Employer **STORBRIDGE GLOBAL INC** Occupation **SMALL BUSINESS OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11A1.7813

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CHRISTIANA THORNTON

Mailing Address **1 EAGLE SQUARE #504**

City **CONCORD** State **NH** Zip Code **03301**

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

Name of Employer **NEW HAMPSHIRE BANKERS ASSOCIAT** Occupation **PRESIDENT & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **645.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11A1.7280

Amount of Each Receipt this Period
645.00
 IN-KIND:FACILITY RENTAL/CATERING SERVICES

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

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

1745.00

**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 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) JESSICA TOCCO		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 11 STILLMAN ST APT 1		Transaction ID : SA11AI.7650
City BOSTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HULT BUSINESS SCHOOL	Occupation CORPORATE RELATIONS DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) JACK TULLEY		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX T		Transaction ID : SA11AI.7835
City NASHUA	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TULLEY AUTOMOTIVE GROUP	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) HAROLD TURNER		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 27 LOCKE RD		Transaction ID : SA11AI.7822
City CONCORD	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer THE H L TURNER GROUP INC	Occupation ENGINEER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
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 55 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) DAVID VAN PATTEN		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 10 WINGATE ST		Transaction ID : SA11AI.7846	
City STRATHAM	State CT	Zip Code 03885	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer VAN PATTEN CONSULTING	Occupation CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

Full Name (Last, First, Middle Initial) JOHN VINSON		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 12 POPLAR ST		Transaction ID : SA11AI.7582	
City MANCHESTER	State NH	Zip Code 03104	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MCDOC	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) BOB WERNER		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 1050 GOLD STREET		Transaction ID : SA11AI.7858	
City MANCHESTER	State NH	Zip Code 03103	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer WERNER MAZDA	Occupation BUSINESS OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 850.00
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 56 OF 113
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
JAY WILLIAMS

Mailing Address P.O. BOX 38

City State Zip Code
CENTER HARBOR NH 03226

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

Name of Employer Occupation
BROADCASTING UNLIMITED, INC. 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
 10 / 22 / 2014

Transaction ID : SA11AI.7641

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DENISE WILSON

Mailing Address 18 EATON ROAD

City State Zip Code
AMHERST NH 03031

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

Name of Employer Occupation
FAMILY DENTAL CARE OF MILFORD DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.7659

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
EDMUND C YOUNG

Mailing Address 47 CAROL CT

City State Zip Code
LACONIA NH 03246

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

Name of Employer Occupation
QUALITY CONTROLS INC. 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
 11 / 04 / 2014

Transaction ID : SA11AI.7995

Amount of Each Receipt this Period
1000.00

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

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

2250.00

109613.40

**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 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Mailing Address **7575 E FULTON ROAD**

City **ADA** State **MI** Zip Code **49355**

FEC ID number of contributing federal political committee. **C C00034884**

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
10 / 31 / 2014

Transaction ID : SA11C.7400

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

Mailing Address **655 BEACH STREET**

City **SAN FRANCISCO** State **CA** Zip Code **94109**

FEC ID number of contributing federal political committee. **C C70003785**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11C.7440

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address **401 N. LINDBERGH BLVD**

City **ST. LOUIS** State **MO** Zip Code **63141**

FEC ID number of contributing federal political committee. **C C00293910**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11C.7380

Amount of Each Receipt this Period
3000.00

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 58 OF 113
	<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)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1111 14TH STREET, NW
SUITE 1100**
City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00000729**

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
10 / 28 / 2014

Transaction ID : SA11C.7392

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
AMERICANS NATIONWIDE DEDICATED TO ELECTING REPUBLICANS PAC

Mailing Address **PO BOX 523383**
City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00375378**

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 Y Y
11 / 03 / 2014

Transaction ID : SA11C.7406

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
ANAGNOST INVESTMENT GROUP

Mailing Address **1662 ELM STREET**
City **MANCHESTER** State **NH** Zip Code **03101**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date **1500.00**

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

Transaction ID : SA11C.7373

Amount of Each Receipt this Period
500.00

PERMISSIBLE FUNDS: SEE MEMO

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

7500.00

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 59 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION STATE AND FEDERAL PAC

Mailing Address 1100 NORTH KING STREET,
DE5-001-02-07

City State Zip Code
WILMINGTON DE 19884

FEC ID number of contributing federal political committee. **C** C00043489

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
10 / 31 / 2014

Transaction ID : SA11C.7401

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BLESSINGS OF LIBERTY PAC - BOL PAC

Mailing Address 38 EXECUTIVE PARK, SUITE 390

City State Zip Code
IRVINE CA 92614

FEC ID number of contributing federal political committee. **C** C00564658

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
11 / 04 / 2014

Transaction ID : SA11C.7422

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
CATHOLICVOTE.ORG POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2709

City State Zip Code
CHICAGO IL 60690

FEC ID number of contributing federal political committee. **C** C00411181

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
11 / 04 / 2014

Transaction ID : SA11C.7414

Amount of Each Receipt this Period
500.00

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

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

3500.00

**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 60 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
CITIZENS TO ELECT PHIL ROE TO CONGRESS

Mailing Address PO BOX 3218

City State Zip Code
JOHNSON CITY TN 37602

FEC ID number of contributing federal political committee. **C** C00444471

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
 10 / 28 / 2014

Transaction ID : SA11C.7361

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 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
 11 / 04 / 2014

Transaction ID : SA11C.7415

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
CONSERVATIVES RESTORING EXCELLENCE (CRE-PAC)

Mailing Address PO BOX 98629

City State Zip Code
RALEIGH NC 27624

FEC ID number of contributing federal political committee. **C** C00502187

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
 10 / 21 / 2014

Transaction ID : SA11C.7386

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 61 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE VICTORY FUND

Mailing Address 801 NORTH PITT STREET
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00009704

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
 10 / 28 / 2014

Transaction ID : SA11C.7396

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

FEC ID number of contributing federal political committee. **C** C00350462

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
 10 / 30 / 2014

Transaction ID : SA11C.7433

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CRAWFORD FOR CONGRESS

Mailing Address PO BOX 16956

City JONESBORO State AR Zip Code 72403

FEC ID number of contributing federal political committee. **C** C00462374

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11C.7360

Amount of Each Receipt this Period
2000.00

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

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

3500.00

**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 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
CUMBERLAND FARMS INC GULF OIL LIMITED PARTNERSHIP PAC (CUMBERLAND GULF PAC)

Mailing Address 100 CROSSING BOULEVARD

City State Zip Code
FRAMINGHAM MA 01702

FEC ID number of contributing federal political committee. **C** C00523225

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
10 / 23 / 2014

Transaction ID : SA11C.7412

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
EXCELSIOR PAC

Mailing Address 2470 DANIELLS BR RD STE 121

City State Zip Code
ATHENS GA 30606

FEC ID number of contributing federal political committee. **C** C00541078

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
11 / 04 / 2014

Transaction ID : SA11C.7430

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
FMR LLC POLITICAL ACTION COMMITTEE (FIDELITY PAC)

Mailing Address 82 DEVONSHIRE STREET
N5A

City State Zip Code
BOSTON MA 02109

FEC ID number of contributing federal political committee. **C** C00215046

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11C.7395

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
FRESHMAN HOLD'EM PAC

Mailing Address 203 S UNION ST
STE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00523746**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
484.69

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.7428

Amount of Each Receipt this Period
484.69

B. Full Name (Last, First, Middle Initial)
FUND FOR AMERICAN OPPORTUNITY

Mailing Address PO BOX 65796

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C C00336297**

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
 10 / 24 / 2014

Transaction ID : SA11C.7437

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
GEORGE HOLDING FOR CONGRESS INC.

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

FEC ID number of contributing federal political committee. **C C00499236**

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
 11 / 04 / 2014

Transaction ID : SA11C.7366

Amount of Each Receipt this Period
1000.00

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

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

2484.69

**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 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
GIBBS FOR CONGRESS

Mailing Address 13871 TR 473

City LAKEVILLE State OH Zip Code 44638

FEC ID number of contributing federal political committee. **C** C00466516

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
 10 / 21 / 2014

Transaction ID : SA11C.7362

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
GRAFTON COUNTY REPUBLICAN

Mailing Address 855 QUINCY ROAD

City RUMNEY State NH Zip Code 03266

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
 10 / 21 / 2014

Transaction ID : SA11C.8002

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
GREATER TOMORROW POLITICAL ACTION COMMITTEE

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
 10 / 21 / 2014

Transaction ID : SA11C.7402

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 65 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE (HALPAC)

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00376038

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 Y Y
 10 / 24 / 2014

Transaction ID : SA11C.7435

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
HELP UNITE REPUBLICANS TODAY POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 283

City CHATHAM State VA Zip Code 24531

FEC ID number of contributing federal political committee. **C** C00496323

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11C.7410

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HOLLOWAY MOTOR CARS OF MANCHESTER

Mailing Address 875 GOLD STREET

City MANCHESTER State NH Zip Code 03103

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11C.7374

Amount of Each Receipt this Period
1000.00

PERMISSIBLE FUNDS: SEE MEMOS

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 66 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
ICE PAC

Mailing Address **PO BOX 752**

City **LONG LAKE** State **MN** Zip Code **55356**

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
10 / 29 / 2014

Transaction ID : SA11C.7372

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
JOBS GROWTH AND FREEDOM FUND

Mailing Address **815 A BRAZOS
PMB 550**

City **AUSTIN** State **TX** Zip Code **78701**

FEC ID number of contributing federal political committee. **C C00536540**

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
11 / 04 / 2014

Transaction ID : SA11C.7391

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
JOHN S FUND

Mailing Address **PO BOX 853**

City **EDWARDSVILLE** State **IL** Zip Code **62025**

FEC ID number of contributing federal political committee. **C C00390831**

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
11 / 03 / 2014

Transaction ID : SA11C.7364

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 67 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11C.7388

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
LOVE PAC

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City State Zip Code
ATHENS GA 30606

FEC ID number of contributing federal political committee. **C** C00541680

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
 10 / 31 / 2014

Transaction ID : SA11C.7389

Amount of Each Receipt this Period
1000.00

C. 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** C00460667

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
 10 / 29 / 2014

Transaction ID : SA11C.7359

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 68 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
MAKING AMERICA PROSPEROUS PAC

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00445379**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.7419

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **1295 STATE STREET**

City **SPRINGFIELD** State **MA** Zip Code **01111**

FEC ID number of contributing federal political committee. **C C00118943**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.7418

Amount of Each Receipt this Period
4000.00

C. Full Name (Last, First, Middle Initial)
MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **2111 MCDONALDS DR
DEPT 213**

City **OAK BROOK** State **IL** Zip Code **60523**

FEC ID number of contributing federal political committee. **C C00063164**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11C.7383

Amount of Each Receipt this Period
2500.00

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

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

8500.00

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

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

FOR LINE NUMBER: PAGE 69 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00563726**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11C.7393

Amount of Each Receipt this Period
1600.00

B. Full Name (Last, First, Middle Initial)
NORTHEAST UTILITIES EMPLOYEES' POLITICAL ACTION COMMITTEE-FEDERAL

Mailing Address **901 F STREET NW SUITE 602**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00102160**

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
10 / 23 / 2014

Transaction ID : SA11C.7382

Amount of Each Receipt this Period
5000.00

C. 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 **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11C.7384

Amount of Each Receipt this Period
1000.00

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

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

7600.00

**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 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
OUR COUNTRY DESERVES BETTER PAC - TEAPARTYEXPRESS.ORG

Mailing Address **PO BOX 984**

City **WILLOWS** State **CA** Zip Code **95988**

FEC ID number of contributing federal political committee. **C C00454074**

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
11 / 04 / 2014

Transaction ID : SA11C.7417

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PEOPLE'S UNITED BANK FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address **850 MAIN ST
15TH FLOOR**

City **BRIDGEPORT** State **CT** Zip Code **06604**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.7426

Amount of Each Receipt this Period
1000.00

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 **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11C.7439

Amount of Each Receipt this Period
3000.00

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

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

5000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
RAY WIECZOREK FOR EXECUTIVE COUNCIL

Mailing Address 1060 RAY ST

City State Zip Code
MANCHESTER NH 03104

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11C.7370

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
STATE STREET BANK AND TRUST COMPANY VOLUNTARY POLITICAL ACTION COMMITTEE

Mailing Address BOX 5351

City State Zip Code
BOSTON MA 02206

FEC ID number of contributing federal political committee. **C** C00072751

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
10 / 31 / 2014

Transaction ID : SA11C.7398

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
STEVE RUSSELL FOR CONGRESS

Mailing Address 10600 S PENN AVE STE 16-284

City State Zip Code
OKLAHOMA CITY OK 73170

FEC ID number of contributing federal political committee. **C** C00558510

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
11 / 04 / 2014

Transaction ID : SA11C.7368

Amount of Each Receipt this Period
1000.00

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 72 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
SUPPORTING CONSERVATIVES OF TODAY AND TOMORROW (SCOTT PAC)

Mailing Address **PO BOX 905**

City **NEWTON** State **NJ** Zip Code **07860**

FEC ID number of contributing federal political committee. **C C00453324**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3600.00**

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

Transaction ID : SA11C.7408

Amount of Each Receipt this Period
2600.00

B. 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 **2000.00**

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

Transaction ID : SA11C.7376

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM

Mailing Address **PO BOX 65314**

City **WASHINGTON** State **DC** Zip Code **20035**

FEC ID number of contributing federal political committee. **C C00328468**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.7424

Amount of Each Receipt this Period
2500.00

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

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

6100.00

**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 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
THE GOOD FUND

Mailing Address **PO BOX 3404**

City **ALEXANDRIA** State **VA** Zip Code **22302**

FEC ID number of contributing federal political committee. **C C00409185**

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
11 / 03 / 2014

Transaction ID : SA11C.7404

Amount of Each Receipt this Period
 3000.00

B. Full Name (Last, First, Middle Initial)
TURKISH COALITION NEW JERSEY POLITICAL ACTION COMMITTEE

Mailing Address **1200 ROUTE 22 EAST**

City **BRIDGEWATER** State **NJ** Zip Code **08807**

FEC ID number of contributing federal political committee. **C C00487181**

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
10 / 27 / 2014

Transaction ID : SA11C.7381

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
TURKISH COALITON USA PAC (TC-USA PAC)

Mailing Address **1025 CONNECTICUT AVE SUITE 1000**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00432526**

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
10 / 27 / 2014

Transaction ID : SA11C.7420

Amount of Each Receipt this Period
 1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
UPPER HAND FUND

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00503151**

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
10 / 30 / 2014

Transaction ID : SA11C.7431

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
UPPER HAND FUND

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00503151**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7000.00**

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

Transaction ID : SA11C.7375

Amount of Each Receipt this Period
2000.00

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

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

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

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

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

Transaction ID : SA11C.7378

Amount of Each Receipt this Period
2500.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 75 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. Full Name (Last, First, Middle Initial)
YOPAC

Mailing Address 5631 ABERDEEN RD

City State Zip Code
FAIRWAY KS 66205

FEC ID number of contributing federal political committee. **C** C00497305

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11C.7379

Amount of Each Receipt this Period
2000.00

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).....

2000.00

86734.69

**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 76 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. AIR CHARTER TEAM, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 4151 N. MULBERRY DR SUITE 250		Amount of Each Disbursement this Period 8447.00
City KANSAS CITY State MO Zip Code 64116	Purpose of Disbursement TRAVEL: AIR	
Candidate Name		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)	Transaction ID : SB17.7341
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 6646.91
City NEW YORK State NY Zip Code 10080	Purpose of Disbursement SEE MEMOS	
Candidate Name		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)	Transaction ID : SB17.7310
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 4894.95
City NEW YORK State NY Zip Code 10080	Purpose of Disbursement SEE MEMOS	
Candidate Name		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)	Transaction ID : SB17.7354
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	19988.86
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 77 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 27000.00
City NEW YORK State NY Zip Code 10080	Purpose of Disbursement 11/18/14 AMEX PAYMENT: MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.7893 [MEMO ITEM]
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. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 9.95
City NEW YORK State NY Zip Code 10080	Purpose of Disbursement 11/18/14 AMEX PAYMENT: MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.7911 [MEMO ITEM]
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. AMERICAN VIEWPOINT INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 300 NORTH LEE ST SUITE 400		Amount of Each Disbursement this Period 27000.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING	
Candidate Name	Category/Type	Transaction ID : SB17.7301
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).....	27000.00
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 78 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. AMERICAN VIEWPOINT INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 300 NORTH LEE ST SUITE 400		Amount of Each Disbursement this Period 9500.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING	
Candidate Name		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)	Transaction ID : SB17.7322
State: District:		

Full Name (Last, First, Middle Initial) B. B & H OIL CO		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 32 INDIAN ROCK RD		Amount of Each Disbursement this Period 60.00
City WINDHAM State NH Zip Code 03087	Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: FUEL	
Candidate Name		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)	Transaction ID : SB17.7870 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. BOINGO WIRELESS, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 10960 WILSHIRE BOULEVARD		Amount of Each Disbursement this Period 9.95
City LOS ANGELES State CA Zip Code 90024	Purpose of Disbursement 10/29/14 AMEX PAYMENT: BROADBAND SERVICES	
Candidate Name		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)	Transaction ID : SB17.7872 [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9500.00
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 79 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. TOM BOUCHER		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 25 S RIVER RD		Amount of Each Disbursement this Period 2558.40
City BEDFORD	State NH	
Zip Code 03110	Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.7279
Candidate Name	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. BUDGET GAS		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 20 BOYNTON STREET		Amount of Each Disbursement this Period 192.73
City MANCHESTER	State NH	
Zip Code 03102	Purpose of Disbursement 11/18/14 AMEX PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.7894
Candidate Name	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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. CAESARIOS PIZZA & SUBS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1057 ELM ST		Amount of Each Disbursement this Period 38.64
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.7868
Candidate Name	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:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	2558.40
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 80 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1445-A LAUGHLIN AVE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.7315
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	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. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1445-A LAUGHLIN AVE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.7316
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	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. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1445-A LAUGHLIN AVE		Amount of Each Disbursement this Period 37.20 Transaction ID : SB17.7317
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	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).....	67.20
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 81 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1 COMCAST CENTER		Amount of Each Disbursement this Period 316.11
City PHILADELPHIA State PA Zip Code 19103	Purpose of Disbursement 10/29/14 AMEX PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.7873 [MEMO ITEM]
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. CUMBERLAND FARMS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 217 UNION STREET		Amount of Each Disbursement this Period 197.00
City MANCHESTER State NH Zip Code 03103	Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.7874 [MEMO ITEM]
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. D'ANGELOS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 401 S WILLOW ST		Amount of Each Disbursement this Period 85.85
City MANCHESTER State NH Zip Code 03103	Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.7875 [MEMO ITEM]
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).....	0.00
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 82 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. DC TAXI

Full Name (Last, First, Middle Initial)
Mailing Address 2606 BLADENSBURG RD NE

City WASHINGTON State DC Zip Code 20018

Purpose of Disbursement
11/18/14 AMEX PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 18 / 2014

Amount of Each Disbursement this Period: 19.96

Transaction ID : SB17.7895

[MEMO ITEM]

B. DC VIP CAB

Full Name (Last, First, Middle Initial)
Mailing Address 2606 BLADENSBURG RD NE

City WASHINGTON State DC Zip Code 20018

Purpose of Disbursement
11/18/14 AMEX PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 18 / 2014

Amount of Each Disbursement this Period: 24.61

Transaction ID : SB17.7896

[MEMO ITEM]

C. DURHAM HOUSE OF PIZZA

Full Name (Last, First, Middle Initial)
Mailing Address 40 MAIN ST

City DURHAM State NH Zip Code 03824

Purpose of Disbursement
10/29/14 AMEX PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2014

Amount of Each Disbursement this Period: 43.48

Transaction ID : SB17.7877

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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 83 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. ELECTION CONNECTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 10866		Amount of Each Disbursement this Period 6507.60
City TALLAHASSEE State FL Zip Code 32302	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.7323
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. ELECTION CONNECTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 10866		Amount of Each Disbursement this Period 14000.00
City TALLAHASSEE State FL Zip Code 32302	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.7319
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. ELECTION CONNECTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address PO BOX 10866		Amount of Each Disbursement this Period 14358.10
City TALLAHASSEE State FL Zip Code 32302	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.7348
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).....	34865.70
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 84 OF 113			
	<input checked="" type="checkbox"/> 17 <input 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)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 27A MIDSTATE DR SUITE 218			Amount of Each Disbursement this Period 9713.77	
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.7313	
Purpose of Disbursement PAYROLL SERVICES/TAX		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. EPAY BUSINESS SOLUTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 27A MIDSTATE DR SUITE 218			Amount of Each Disbursement this Period 9706.28	
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.7353	
Purpose of Disbursement PAYROLL SERVICES/TAX		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. EXPEDIA BUILDING			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014	
Mailing Address 333 108TH AVE NE			Amount of Each Disbursement this Period 328.20	
City BELLEVUE	State WA	Zip Code 98004	Transaction ID : SB17.7898	
Purpose of Disbursement 11/18/14 AMEX PAYMENT: FACILITY RENTAL/CATERING SERVICES		Category/ Type	[MEMO ITEM]	
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).....	19420.05
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 85 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 21 MAIN ST		Amount of Each Disbursement this Period 68.27
City MANCHESTER	State NH	
Zip Code 03102	Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.7879
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ALAN S GLASSMAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 14		Amount of Each Disbursement this Period 252.00
City GILMANTON IRON WORKS	State NH	
Zip Code 03837	Purpose of Disbursement PRINTING & DESIGN SERVICES	Transaction ID : SB17.7300
Candidate Name	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. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 1050.00
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement 11/18/14 AMEX PAYMENT: BROADBAND SERVICES	Transaction ID : SB17.7900
Candidate Name	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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	252.00
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 86 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 79 BICENTENNIAL DRIVE		Amount of Each Disbursement this Period 15.26
City MANCHESTER State NH Zip Code 03104	Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.7880 [MEMO ITEM]
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. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 79 BICENTENNIAL DRIVE		Amount of Each Disbursement this Period 113.62
City MANCHESTER State NH Zip Code 03104	Purpose of Disbursement 11/18/14 AMEX PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.7901 [MEMO ITEM]
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. JD'S TAVERN		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 700 ELM ST # 1		Amount of Each Disbursement this Period 143.34
City MANCHESTER State NH Zip Code 03101	Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.7867 [MEMO ITEM]
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).....	0.00
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 87 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. JOHNNY'S		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1558 HOOKSETT RD		Amount of Each Disbursement this Period 27.86
City MANCHESTER	State NH	
Zip Code 03106	Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: FOOD	[MEMO ITEM]
Candidate Name	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. LOWE'S		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 222 S RIVER RD		Amount of Each Disbursement this Period 244.53
City BEDFORD	State NH	
Zip Code 03110	Purpose of Disbursement 10/29/14 AMEX PAYMENT: OFFICE SUPPLIES	[MEMO ITEM]
Candidate Name	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. MARBLEPORT LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 137 WEST MERRIMACK STREET NO. 2		Amount of Each Disbursement this Period 12381.72
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name	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).....	12381.72
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 88 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. MARBLEPORT LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 137 WEST MERRIMACK STREET NO. 2			Amount of Each Disbursement this Period 15255.48
City MANCHESTER	State NH	Zip Code 03101	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.7331
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. MORGAN SELF STORAGE			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 400 BEDFORD STREET			Amount of Each Disbursement this Period 264.00
City MANCHESTER	State NH	Zip Code 03101	
Purpose of Disbursement 10/29/14 AMEX PAYMENT: FILE STORAGE		Category/ Type	Transaction ID : SB17.7883 [MEMO ITEM]
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. MORGAN SELF STORAGE			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 400 BEDFORD STREET			Amount of Each Disbursement this Period 264.00
City MANCHESTER	State NH	Zip Code 03101	
Purpose of Disbursement 11/18/14 AMEX PAYMENT: FILE STORAGE		Category/ Type	Transaction ID : SB17.7902 [MEMO ITEM]
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).....	15255.48
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 89 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. MURPHY'S TAPROOM		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 494 ELM STREET		Amount of Each Disbursement this Period 384.28
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement 11/18/14 AMEX PAYMENT: MEETING EXPENSE: MEALS	Transaction ID : SB17.7903
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NORTH CONWAY GRAND HOTEL		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 72 COMMON CT		Amount of Each Disbursement this Period 556.84
City NORTH CONWAY	State NH	
Zip Code 03860	Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.7885
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. PRINTER SQUARE		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 105 FALTIN DR		Amount of Each Disbursement this Period 889.86
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement 10/29/14 AMEX PAYMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.7887
Candidate Name	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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 90 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. RADISSON HOTEL		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 70 ELM STREET		Amount of Each Disbursement this Period 1673.08
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.7888
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 500 CUMMINGS CTR SUITE 4400		Amount of Each Disbursement this Period 94.21
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.7304
Candidate Name	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. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 500 CUMMINGS CTR SUITE 4400		Amount of Each Disbursement this Period 2390.40
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.7335
Candidate Name	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).....	2484.61
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 91 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 500 CUMMINGS CTR SUITE 4400		Amount of Each Disbursement this Period 2023.02 Transaction ID : SB17.7344
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RED OAK		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 66 HANOVER STREET STE. 300		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7325
City MANCHESTER State NH Zip Code 03101	Purpose of Disbursement RENT & UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RITE AID		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1 WILLOW ST		Amount of Each Disbursement this Period 24.99 Transaction ID : SB17.7865
City MANCHESTER State NH Zip Code 03103	Purpose of Disbursement 10/29/14 AMEX PAYMENT: OFFICE SUPPLIES	
Candidate Name	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).....	2523.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. RITE AID		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 1 WILLOW ST		Amount of Each Disbursement this Period 6.98
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement 11/18/14 AMEX PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.7904
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SCR & ASSOCIATES LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 100 TRADE CENTER SUITE G-700		Amount of Each Disbursement this Period 5340.00
City WOBURN	State MA	
Zip Code 01801	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.7295
Candidate Name	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. SCR & ASSOCIATES LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 100 TRADE CENTER SUITE G-700		Amount of Each Disbursement this Period 3000.00
City WOBURN	State MA	
Zip Code 01801	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.7309
Candidate Name	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).....	8340.00
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 93 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. SCR & ASSOCIATES LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 100 TRADE CENTER SUITE G-700		Amount of Each Disbursement this Period 3000.00
City WOBURN	State MA	
Zip Code 01801	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.7326
Candidate Name	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. SCR & ASSOCIATES LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 100 TRADE CENTER SUITE G-700		Amount of Each Disbursement this Period 1680.00
City WOBURN	State MA	
Zip Code 01801	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.7332
Candidate Name	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. SHELL		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 570 ELM STREET		Amount of Each Disbursement this Period 450.00
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement 11/18/14 AMEX PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.7906
Candidate Name	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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4680.00
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 94 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

A. SPECTRUM MARKETING COMPANIES

Full Name (Last, First, Middle Initial)

Mailing Address 95 EDDY ROAD
SUITE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 21 / 2014

Amount of Each Disbursement this Period: 1863.50

Transaction ID : SB17.7305

B. SPECTRUM MARKETING COMPANIES

Full Name (Last, First, Middle Initial)

Mailing Address 95 EDDY ROAD
SUITE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 3400.00

Transaction ID : SB17.7321

C. SPECTRUM MARKETING COMPANIES

Full Name (Last, First, Middle Initial)

Mailing Address 95 EDDY ROAD
SUITE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2014

Amount of Each Disbursement this Period: 700.00

Transaction ID : SB17.7327

SUBTOTAL of Disbursements This Page (optional)..... 5963.50

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 95 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. SPECTRUM MARKETING COMPANIES			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 95 EDDY ROAD SUITE 101			Amount of Each Disbursement this Period 1215.00 Transaction ID : SB17.7333
City MANCHESTER	State NH	Zip Code 03102	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. SRCP MEDIA, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 201 N. UNION STREET			Amount of Each Disbursement this Period 10184.00 Transaction ID : SB17.7296
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement PLACED MEDIA		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. SRCP MEDIA, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 201 N. UNION STREET			Amount of Each Disbursement this Period 119250.00 Transaction ID : SB17.7297
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement PLACED MEDIA		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).....	130649.00
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 96 OF 113		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. SRCP MEDIA, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 201 N. UNION STREET		Amount of Each Disbursement this Period 129700.00 Transaction ID : SB17.7307
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PLACED MEDIA	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. SRCP MEDIA, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 201 N. UNION STREET		Amount of Each Disbursement this Period 15348.00 Transaction ID : SB17.7328
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PLACED MEDIA	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. SRCP MEDIA, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 201 N. UNION STREET		Amount of Each Disbursement this Period 20020.00 Transaction ID : SB17.7314
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PLACED MEDIA	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).....	165068.00
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 97 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. SRCP MEDIA, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 201 N. UNION STREET		Amount of Each Disbursement this Period 16025.00 Transaction ID : SB17.7320
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PLACED MEDIA	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. SRCP MEDIA, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 201 N. UNION STREET		Amount of Each Disbursement this Period 44035.23 Transaction ID : SB17.7336
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PLACED MEDIA	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. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 659 WORCESTER RD		Amount of Each Disbursement this Period 781.94 Transaction ID : SB17.7889 [MEMO ITEM]
City FRAMINGHAM	State MA	
Zip Code 01701	Purpose of Disbursement 10/29/14 AMEX PAYMENT: OFFICE SUPPLIES	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).....	60060.23
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 98 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 659 WORCESTER RD			Amount of Each Disbursement this Period 65.98
City FRAMINGHAM	State MA	Zip Code 01701	
Purpose of Disbursement 11/18/14 AMEX PAYMENT: OFFICE SUPPLIES			Transaction ID : SB17.7907
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) B. STRATEGIC ADVANCE SERVICES			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 611 PENNSYLVANIA AVE SE #267			Amount of Each Disbursement this Period 4000.00
City WASHINGTON	State DC	Zip Code 20003-4303	
Purpose of Disbursement STRATEGY CONSULTING			Transaction ID : SB17.7346
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) C. SUNOCO			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 239 BRIDGE STREET			Amount of Each Disbursement this Period 62.00
City MANCHESTER	State NH	Zip Code 03104	
Purpose of Disbursement 10/29/14 AMEX PAYMENT: TRAVEL: FUEL			Transaction ID : SB17.7890
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
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 99 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 239 BRIDGE STREET		Amount of Each Disbursement this Period 58.50
City MANCHESTER	State NH	
Zip Code 03104	Purpose of Disbursement 11/18/14 AMEX PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.7908
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. TARGETED CREATIVE COMMUNICATIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 106 S COLUMBUS ST		Amount of Each Disbursement this Period 7000.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement POLLING	Transaction ID : SB17.7350
Candidate Name	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. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 129 MARCH AVENUE		Amount of Each Disbursement this Period 144.36
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement 10/29/14 AMEX PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.7891
Candidate Name	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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7000.00
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 100 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. THE PROSPER GROUP CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 435 EAST MAIN STREET STE 250		Amount of Each Disbursement this Period 1402.54
City GREENWOOD State IN Zip Code 46143	Purpose of Disbursement WEB HOSTING Category/Type	
Purpose of Disbursement 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. THE RADISSON		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address C/O CAROL MEYER 700 ELM ST.		Amount of Each Disbursement this Period 2500.00
City MANCHESTER State NH Zip Code 03101	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES Category/Type	
Purpose of Disbursement 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. THE TOWNSEND GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement STRATEGY CONSULTING Category/Type	
Purpose of Disbursement 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).....	8902.54
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 101 OF 113			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. THE TOWNSEND GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.7306
Candidate Name	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. THE TOWNSEND GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 16369.42
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.7329
Candidate Name	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. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 816 ELM STREET		Amount of Each Disbursement this Period 233.65
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement 11/18/14 AMEX PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.7910
Candidate Name	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).....	26369.42
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 102 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. CHRISTIANA THORNTON		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1 EAGLE SQUARE #504		Amount of Each Disbursement this Period 645.00
City CONCORD State NH Zip Code 03301	Purpose of Disbursement IN-KIND:FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.7282
Candidate Name	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. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 688.22
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.7308
Candidate Name	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. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 891.90
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.7311
Candidate Name	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).....	2225.12
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 103 OF 113			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 953.12 Transaction ID : SB17.7334
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 5.00 Transaction ID : SB17.7337
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 954.08 Transaction ID : SB17.7338
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1912.20
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 104 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. TRANSAXT		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 291.34
City GRAND RAPIDS	State MI Zip Code 49503	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7339
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 126 MAIN STREET		Amount of Each Disbursement this Period 752.25
City NEWMARKET	State NH Zip Code 03857	
Purpose of Disbursement 10/29/14 AMEX PAYMENT: POSTAGE	Category/Type	Transaction ID : SB17.7892
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 126 MAIN STREET		Amount of Each Disbursement this Period 561.50
City NEWMARKET	State NH Zip Code 03857	
Purpose of Disbursement 11/18/14 AMEX PAYMENT: POSTAGE	Category/Type	Transaction ID : SB17.7912
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).....	291.34
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 105 OF 113	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 1111 S WILLOW S		Amount of Each Disbursement this Period 329.99
City MANCHESTER State NH Zip Code 03103	Purpose of Disbursement 11/18/14 AMEX PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.7913
Candidate Name	Category/Type	[MEMO ITEM]
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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO BOX 15062		Amount of Each Disbursement this Period 226.50
City ALBANY State NY Zip Code 12212	Purpose of Disbursement MOBILE PHONE EXPENSE	Transaction ID : SB17.7330
Candidate Name	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. WALMART		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 300 KELLER ST		Amount of Each Disbursement this Period 48.68
City MANCHESTER State NH Zip Code 03103	Purpose of Disbursement 11/18/14 AMEX PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.7914
Candidate Name	Category/Type	[MEMO ITEM]
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).....	226.50
TOTAL This Period (last page this line number only).....	571984.89

**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 106 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. FRANK GUINTA		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address PO BOX 877		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB19A.7927
City MANCHESTER State NH Zip Code 03105	Category/Type	
Purpose of Disbursement LOAN REPAYMENT- PRIMARY 2010		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH District: 01		

Full Name (Last, First, Middle Initial) 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		
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) 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)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00

**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 107 OF 113			
	<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)
FRIENDS OF FRANK GUINTA

Full Name (Last, First, Middle Initial) A. PETER PAUL		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 450 RIVIERA CIRCLE		Amount of Each Disbursement this Period 1600.00
City LARKSPUR State CA Zip Code 94939	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	Transaction ID : SB20A.8007
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.		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) 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	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:		

SUBTOTAL of Disbursements This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	1600.00

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

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF FRANK GUINTA** Transaction ID : **SC/10.4110**

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

City	State	ZIP Code
MANCHESTER	NH	03105

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	56500.00	43500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 28 / Y 2010	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

SUBTOTALS This Period This Page (optional).....	43500.00
TOTALS This Period (last page in this line only).....	<input style="width:150px" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF FRANK GUINTA** Transaction ID : **SC/10.4113**

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

City	State	ZIP Code
MANCHESTER	NH	03105

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125000.00	0.00	125000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 27 / Y 2010	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

SUBTOTALS This Period This Page (optional).....	125000.00
TOTALS This Period (last page in this line only).....	<input style="width:150px" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

FRIENDS OF FRANK GUINTA

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

[PERSONAL FUNDS]

Election: 2010

FRANK GUINTA

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 877

City

State

ZIP Code

MANCHESTER

NH

03105

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

60000.00

0.00

60000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

03

2010

None

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

60000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4115

FRIENDS OF FRANK GUINTA

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

[PERSONAL FUNDS]

Election: 2010

FRANK GUINTA

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 877

City

State

ZIP Code

MANCHESTER

NH

03105

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

10

2010

None

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

50000.00

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

278500.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF FRANK GUINTA

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

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824

Nature of Debt (Purpose):
Compliance Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4145**
385.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 385.00

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

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824

Nature of Debt (Purpose):
Compliance Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4151**
110.00

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

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

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824

Nature of Debt (Purpose):
Compliance Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4156**
110.00

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

1) SUBTOTALS This Period This Page (optional)	605.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF FRANK GUINTA

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

Outstanding Balance Beginning This Period 110.00	Transaction ID : SD10.4161	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 110.00

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

Outstanding Balance Beginning This Period 360.00	Transaction ID : SD10.4169	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 360.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

1) SUBTOTALS This Period This Page (optional)	470.00
2) TOTALS This Period (last page this line number only)	1075.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	278500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	279575.00