Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	
	C C00563981
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Fantasia Means	M M / D D / Y Y Y Y
Mailing Address 6 Herbert St #3	Amount
City State Zip Code	39.00
Lynn MA 01902	Transaction ID: 24-03-00141-00193 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	09 12 / 9 2014
Name of Federal Candidate Support Office	e Sought: X House District: 06
Seth Moulton Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee Myrmarie Ramirez	Date of Public Distribution/Dissemination
Mailing Address 15 Veteran's Memorial Dr	
Mailing Address 15 Veteran's Memorial Dr	Amount
City State Zip Code	390.00
Peabody MA 01960	Transaction ID: 24-03-00142-00194 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/	M M / D D / Y Y Y Y
Type	09 12 2014
Name of Federal Candidate Support Office	e Sought:
Seth Moulton Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	429.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Darryl Tattrie [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	JEINI EXI EN	DITORIES	PAGE 2 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts			C C00563981
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Raynel Mazara			Date of Public Distribution/Dissemination
Mailing Address 15 Canterbury Ct			Amount
City	State	Zip Code	52.00
Lynn	MA	01905	Transaction ID : 24-03-00143-00195 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 06
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		85782.02	Disbursement For:
Full Name of Payee Yina Payano			Date of Public Distribution/Dissemination
Mailing Address 2 Adams St			Amount
City	State	Zip Code	156.00
Lynn	MA	01902	Transaction ID: 24-03-00144-00196 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 06
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		85938.02	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		> 208.00
(b) SUBTOTAL of Unitermized Independent Exp	oenditures		>
(c) TOTAL Independent Expenditures			
	indidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Darryl Tattrie Signature	[Electr	onically Filed] Date	9 09 13 2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	C C00563981
	0
Check if 24-hour report 48-hour report New report Am	ends report filed on/
Full Name of Payee Darlene Gonzalez	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address 14 Oakwood Pl	Amount
City State Zip Code	312.00
Lynn MA 01902	Transaction ID: 24-03-00145-00197 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 06
Soth Moulton	Oppose President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 86250.02	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Adam Lan	M = M / D = D / Y = Y = Y
Mailing Address 16 Farragut Rd	Amount
City State Zip Code	52.00
Swampscott MA 01907	Transaction ID: 24-03-00146-00198 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: X House District: 06
Seth Moulton	Oppose President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 86302.02	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	364.00
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Darryl Tattrie [Electronically Filed]	Date 09 13 2014
Signature	

Schedule E)	II EXI ENE	TIONES		PAGE 4 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts				C C00563981
Check if 24-hour report 48-hour report	New rep	port Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Jenniffer Miranda				of Public Distribution/Dissemination
Mailing Address 111 Chestnut St Apt # 1			Amou	nt
City	State	Zip Code		117.00
Lynn	MA	01902		action ID: 24-03-00147-00199 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		09 12 / 2014
Name of Federal Candidate		Support	Office Sough	t: X House District:06
Seth Moulton		Oppose	Preside	ent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	7 ,	86419.02	Disbursement 2014 O	t For:
Full Name of Payee Karen Guerrero				of Public Distribution/Dissemination
Mailing Address 108 Franklyn St Apt 13			Amou	nt
City	State	Zip Code		117.00
Lynn	MA	01902		ction ID: 24-03-00148-00200 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	M	09 / 12 / Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sough	t: X House District: 06
Seth Moulton		Oppose	Preside	ent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	7	86536.02	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditur	es			234.00
(b) SUBTOTAL of Unitemized Independent Expendi	itures		. .	
(c) TOTAL Independent Expenditures			· .	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorize			
Darryl Tattrie Signature	[Electro	nically Filed] Date	9 09	13 / 2014
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Schedule E)		1101120		PAGE 5 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Forward Massachusetts			C	C00563981
Check if 24-hour report 48-hour	our report New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Donny Ann			Date of P	ublic Distribution/Dissemination
Mailing Address 498 Essex St Apt 96	}		Amount	
City	State	Zip Code		78.00
Lynn	MA	01902		on ID : 24-03-00149-00201 hisbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	09	
Name of Federal Candidate		Support	Office Sought:	House District: 06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		86614.02	Disbursement Fo	or:
Full Name of Payee Aysha Mendez			Date of P	Public Distribution/Dissemination
Mailing Address 3 Nichols St			Amount	
City	State	Zip Code		78.00
Lynn	MA	01902	Transaction Date of D	on ID: 24-03-00150-00202 Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	09	12 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	,	86692.02	Disbursement For 2014 Other	or:
(a) SUBTOTAL of Itemized Independent	ent Expenditures		.	156.00
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		· •	47. 1 47. 1 47.
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party co	of, any candidate or authorized			
Darryl Tattrie	[Electro1	nically Filed] Date		13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	INDENT EXTENT	TI OTILO	PAGE 6 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts			C C00563981
Check if 24-hour report 48-hour re	port New re	port Amends repo	ort filed on
Full Name of Payee Martha Medina			Date of Public Distribution/Dissemination
Mailing Address 3 Nichols St			Amount
City	State	Zip Code	78.00
Lynn	MA	01902	Transaction ID : 24-03-00151-00203 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: X House District: 06
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		86770.02	Disbursement For:
Full Name of Payee Freslyn Garcia-Gonzalez			Date of Public Distribution/Dissemination
Mailing Address 16 Breed St # 8			Amount
City	State	Zip Code	78.00
Lynn	MA	01902	Transaction ID : 24-03-00152-00204 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	09 / 12 / 2014
Name of Federal Candidate		Support	Office Sought:
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		86848.02	Disbursement For:
(a) SUBTOTAL of Itemized Independent E	xpenditures		▶ 156.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		·
(c) TOTAL Independent Expenditures			
	y candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Darryl Tattrie Signature	[Electro	nically Filed] Date	9 09 13 2014

Schedule E)	LIVI EXI LIV	DITORIES	PAGE 7 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts			C C00563981
Check if 24-hour report 48-hour report	New r	eport Amends repo	ort filed on
Full Name of Payee Chelsea Gothie			Date of Public Distribution/Dissemination
Mailing Address 5 Lincoln St			Amount
City	State	Zip Code	253.50
Manchester By The	MA	01944	Transaction ID : 24-03-00154-00206 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 06
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		87101.52	Disbursement For:
Full Name of Payee Shirley Ortiz			Date of Public Distribution/Dissemination
Mailing Address 64 Rand St			Amount
City	State	Zip Code	123.50
Revere	MA	02151	Transaction ID: 24-03-00155-00207 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: X House District: 06
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		87225.02	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	ditures		> 377.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·
(c) TOTAL Independent Expenditures			
	ndidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Darryl Tattrie Signature	[Electr	onically Filed] Date	09 13 / 2014
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Schedule E)	EXI END	ITOTILO		PAGE 8 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts				C C00563981
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee Kate Jordan				of Public Distribution/Dissemination
Mailing Address 92 Jackson St			L	
			Amoi	unt
City	State	Zip Code		396.50
Salem	MA	02140		saction ID: 24-03-00156-00208 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		09 / 12 / 2014
Name of Federal Candidate		Support	Office Soug	ht: X House District: 06
Seth Moulton		Oppose	Presid	dent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		87621.52	Disbursement 2014	nt For:
Full Name of Payee Michael Bonbon				of Public Distribution/Dissemination
Mailing Address 16 Shillaber St			Amo	unt
City	State	Zip Code		866.14
Peabody	MA	01960		action ID: 24-03-00157-00209 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		M 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Soug	ht: X House District: 06
Seth Moulton		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, ,	88487.66	Disburseme 2014	ont For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				1262.64
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
				7 7 7
(c) TOTAL Independent Expenditures			· [7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Darryl Tattrie	[Electron	ically Filed] Date	09 /	13 2014
Signature				

Schedule E)		II EM ENE.	1101120			PAGE 9 FOR SE OF FO	OF 20 DRM 24/48
NAME OF COMMITTEE (I						ENTIFICATION	
Forward Massach	usetts				C	00563981	
Check if X 24-hour repo	ort 48-hour report	New rep	ort Amends repo	ort filed on	M = M /	D D / Y	- Y - Y - Y
Full Name of Payee Dina Bonbon				Date	e of Public	Distribution/Dis	ssemination
Mailing Address 16 St	nillaber St			Amo	ount		
City		State	Zip Code	— r			741.00
Peabody		MA	01960			: 24-03-00158 sement or Obli	3-00210
Purpose of Expenditur Payroll	э		Category/ Type		09 /		2014
Name of Federal Cand	Jidate		Support	Office Sou	ght: X	House Dis	strict: 06
Seth Moulton			Oppose	Presi		Senate S	State: MA
Calendar Year-To- Per Election for C		7 7	89228.66	Disburseme 2014	ent For: [Other (spe	Primary cify) ▶	General
Full Name of Payee Kimberly Cruz				Date	e of Public	Distribution/Dis	ssemination
Mailing Address 138	8 Franklin St #6			Amo	ount		
City		State	Zip Code				104.00
Lynn		MA	01902	Tran Date	saction ID e of Disbur	: 24-03-00159- sement or Obl	00211 igation
Purpose of Expenditur Payroll	e		Category/ Type		09	12	2014
Name of Federal Can	didate		X Support	Office Sou	ght:	House Dis	strict: 06
Seth Moulton			Oppose	Pres	ident	Senate S	State: MA
Calendar Year-To- Per Election for C		77	89332.66	Disburseme 2014	ent For: Other (spe	Primary ecify) ▶	General
(a) SUBTOTAL of Item	ized Independent Expenditure	'es			-		845.00
(b) SUBTOTAL of Unite	emized Independent Expendi	itures		. .			
(c) TOTAL Independen	t Expenditures			>	4		1 40
with, or at the request of	y I certify that the independent suggestion of, any candidate of its party committee or its	ate or authorized					
Darryl Tatt	rie	[Electron	nically Filed] Date	e 09	13	2014	• •
Signature							_

Sch	nedule E)	1101120		PAGE 10 OF 20 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Fo	rward Massachusetts			C C00563981
Chec	ck if X 24-hour report 48-hour report X New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
	Full Name of Payee Brian Jean-Francois			of Public Distribution/Dissemination
N	Mailing Address 71 Michigan Ave #2		Amour	
- 1	City State Lynn MA	Zip Code 01902		546.00 action ID : 24-03-00118-00170 of Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type		of Disbursement or Obligation 09 12 2014
1	Name of Federal Candidate	Support	Office Sought	t: X House District: 06
	Seth Moulton	Oppose	Preside	NAA
	Calendar Year-To-Date Per Election for Office Sought	89878.66	Disbursement 2014 Ot	t For:
	Full Name of Payee Travis Thurman			of Public Distribution/Dissemination
Ī	Mailing Address 60 Aspen Rd		Amou	nt
	City State	Zip Code	$ \Gamma$	377.00
	Swampscott MA	01907	Transa Date o	ction ID: 24-03-00120-00172 of Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type		09 / 12 / 2014
	Name of Federal Candidate	X Support	Office Sough	t: X House District: 06
	Seth Moulton	Oppose	Preside	L VA
	Calendar Year-To-Date Per Election for Office Sought	90255.66	Disbursemen 2014 O	t For:
(a	a) SUBTOTAL of Itemized Independent Expenditures		· [923.00
(b	b) SUBTOTAL of Unitemized Independent Expenditures		•	
(с	c) TOTAL Independent Expenditures			7 1 7 1 7
wi	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
		ically Filed] Date	9 09 /	13 2014
	Signature			

Schedule E)		PAGE 11 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if X 24-hour report 48-hour report	New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Jake Robert		M M / D D / Y Y Y Y
Mailing Address 60 Gregory St		Amount
City State	Zip Code	351.00
Marblehead MA	01945	Transaction ID: 24-03-00121-00173 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	90606.66 Disbu 2014	ursement For:
Full Name of Payee Charlene Fernandez		Date of Public Distribution/Dissemination
Mailing Address 2 Adams St		Amount
City State	Zip Code	364.00
Lynn MA	01902	Transaction ID : 24-03-00122-00174 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	90970.66 Disbu 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		715.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
	CC1	9 13 2014
Signature	_	

Schedule E)	VI EXI EIVE	DITOTILO		PAGE 12 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Forward Massachusetts			С	C00563981
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Angel Gonzalez			Date of Public	C Distribution/Dissemination
Mailing Address 71 Michigan Ave # 1			Amount	
City	State	Zip Code		455.00
Lynn	MA	01902		ID: 24-03-00123-00175 ursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	✓ House District:06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	7	91425.66	Disbursement For: 2014 Other (sp	Primary General Decify) ▶
Full Name of Payee Benita Meli			Date of Publi	c Distribution/Dissemination
Mailing Address 18 Bond St			Amount	
City	State	Zip Code		520.00
Lynn	MA	01902		D: 24-03-00124-00176 ursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	09	12 / 2014
Name of Federal Candidate		X Support	Office Sought:	X House District:06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		91945.66	Disbursement For: 2014 Other (sp	Primary General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			975.00
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
			-	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Darryl Tattrie Signature	[Electro	onically Filed] Date	09 / 13	2014
Olynature				

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NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if 24-hour report 48-hour report New re	port Amends report filed	on May / Dab / Yayayay
Full Name of Payee Michelle Mendez		Date of Public Distribution/Dissemination
Mailing Address 27 Phillips Ave Apt 2		
		Amount
City State Lynn MA	Zip Code 01902	546.00 Transaction ID: 24-03-00125-00177 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office	e Sought: X House District:06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	92491.66 Disbut 2014	ursement For:
Full Name of Payee Augustina Matos		Date of Public Distribution/Dissemination
Mailing Address 27 Phillips Ave Apt 2		Amount
City State	Zip Code	351.00
Lynn MA	01902	Transaction ID: 24-03-00126-00178 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	09 / 12 / 2014
Name of Federal Candidate	X Support Offic	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	92842.66 Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	897.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	09 13 2014
Signature		

PAGE

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OF

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	C C00563981
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date Edwin Soto	of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address 25 South St Apt 309 Amo	ount
City State Zip Code	169.00
Lynn MA 01902 Tran	saction ID: 24-03-00127-00179 of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: X House District:06
Seth Moulton Oppose Presid	NAA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
Kendrick Jean-Francois	e of Public Distribution/Dissemination
Mailing Address 71 Michigan Ave #2	punt
City State Zip Code	520.00
	saction ID: 24-03-00128-00180 e of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	09 / 12 / 2014
Name of Federal Candidate Support Office Soug	ght: X House District: 06
Seth Moulton Oppose President	dent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	689.00
(b) SUBTOTAL of Unitemized Independent Expenditures	171171171
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Darryl Tattrie [Electronically Filed] Date 09	13 2014
Signature	

PAGE

OF

Schedule E)				PAGE 15 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts				C C00563981
				/ M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	
Full Name of Payee Erick Ubri				of Public Distribution/Dissemination
Mailing Address 47 Burril Ave #1				, , , , , , , , , , , , , , , , , , , ,
47 Bulli Ave #1			Amou	unt
City	State	Zip Code		208.00
Lynn	MA	01902		saction ID: 24-03-00129-00181 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		09 12 2014
Name of Federal Candidate		X Support	Office Sough	nt: X House District: 06
Seth Moulton		Oppose	Presid	ent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	, , ,	93739.66	Disbursemer 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Angelyz Benzan				M M / D D / Y Y Y Y
Mailing Address 10 Timson St # 2			Amou	unt
			Amot	JIIL
City	State	Zip Code		364.00
Lynn	MA	01902	Transa Date	action ID: 24-03-00130-00182 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		09 / 12 / 2014
Name of Federal Candidate		X Support	Office Sough	ht: X House District: 06
Seth Moulton		Oppose	Presid	dent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	, , ,	94103.66	Disbursemer 2014	nt For:
•				
(a) SUBTOTAL of Itemized Independent Expenditure:	s		•	572.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Darryl Tattrie	[Electron	ically Filed] Date	09	13 / Y = Y = Y = Y = Y
Signature				

Schedule E)	A LIBITOTILO	PAGE 16 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if 24-hour report 48-hour report	New report Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee Emely Benzan		Date of Public Distribution/Dissemination
Mailing Address 10 Timson St # 2		Amount
City Stat	e Zip Code	455.00
Lynn MA	·	Transaction ID : 24-03-00131-00183 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	09 / 12 / 2014
Name of Federal Candidate	Support Office	ce Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	94558.66 Disk 2014	oursement For: X Primary General Other (specify)
Full Name of Payee Genesis Guerrero Mailing Address 47 Collins St Apt 3		Date of Public Distribution/Dissemination
47 Commo CC/ Ipt C		Amount
Lynn MA	•	Transaction ID : 24-03-00132-00184 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	09 / 12 / 2014
Name of Federal Candidate	Support Office	ce Sought:
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	94688.66 Dist	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		585.00
(b) SUBTOTAL of Uniternized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
Darryl Tattrie	CCC1	09 13 2014
Signature	_	

17 FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Forward Massachusetts C00563981 Check if | 24-hour report 48-hour report X New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination Laiza Espinal Mailing Address 14 Trinity Ave Amount City State Zip Code 507.00 Transaction ID: 24-03-00133-00185 MA 01902 Lynn Date of Disbursement or Obligation Purpose of Expenditure Category/ Payroll 09 12 2014 Type Name of Federal Candidate 06 X Support Office Sought: X House District: Seth Moulton MΑ Oppose President Senate State: Primary General Disbursement For: Calendar Year-To-Date 95195.66 2014 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Natasha Davila Mailing Address 71 Michigan Ave # 1 Amount City State Zip Code 260.00 MA Transaction ID: 24-03-00134-00186 01902 Lynn Date of Disbursement or Obligation Purpose of Expenditure Category/ Payroll 2014 09 12 Type Name of Federal Candidate X Support 06 Office Sought: X House District: Seth Moulton MA Oppose President Senate State: X Primary Disbursement For: General Calendar Year-To-Date 95455.66 2014 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 767.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Darryl Tattrie [Electronically Filed] 09 13 2014 Date Signature

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OF

··· ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if 24-hour report 48-hour report New rep	port Amends report filed	i on Man / Dad / Yayayay
Full Name of Payee Emely Perez		Date of Public Distribution/Dissemination
Mailing Address 9 Henry Ave #2		Amount
011	7'- 0-1-	077.00
City State Lynn MA	Zip Code 01902	377.00 Transaction ID: 24-03-00135-00187 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	09 12 / Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	95832.66 Disbu	ursement For:
Full Name of Payee Sydahn Richie		Date of Public Distribution/Dissemination
Mailing Address 18 Caldwell Crescent		Amount
City State	Zip Code	455.00
Lynn MA	01902	Transaction ID: 24-03-00136-00188 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	09 / 12 / 2014
Name of Federal Candidate	Support Offic	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	96287.66 Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		832.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	nically Filed] Date	09 13 2014
Signature		

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if 24-hour report 48-hour report New re	port Amends report filed	i on Man / Dad / Yayayay
Full Name of Payee Tonia Wonde		Date of Public Distribution/Dissemination
Mailing Address 8 Summerset CT		Amount
City State	Zip Code	52.00
Lynn MA	01902	Transaction ID : 24-03-00137-00189 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	09 12 / 2014
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	96339.66 Disbu	ursement For:
Full Name of Payee Dahiana Delarosa Mailing Address 19 Union St Apt 116		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Amount
City	7:n Code	404.00
City State Lynn MA	Zip Code 01902	494.00 Transaction ID : 24-03-00138-00190 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	09 / 12 / 2014
Name of Federal Candidate	X Support Offic	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	96833.66 Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	546.00
(b) SUBTOTAL of Unitemized Independent Expenditures	····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	09 13 2014
Signature		

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ochedule L)				FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	▼
Forward Massachusetts				C C00563981	٦
Check if 24-hour report 48-hour report	New re	eport Amends repo		-M / D - D / Y - Y - Y -	Y
Town (B					_
Full Name of Payee Cheyrithy Chea				of Public Distribution/Dissemination	
. ,			M	M / D D / Y Y Y	Y
Mailing Address 11 Williams St # 1			Amou	nt	
City	State	Zip Code	— I	468.00)
Lynn	MA	01902		action ID: 24-03-00139-00191 of Disbursement or Obligation	
Purpose of Expenditure Payroll		Category/ Type		09 12 / 2014	Y
Name of Federal Candidate		Support	Office Sough	t: X House District: 06	
Seth Moulton		Oppose	Preside		_
Calendar Year-To-Date Per Election for Office Sought	7	97301.66	Disbursemen 2014	t For:	ral
Full Name of Payee				of Public Distribution/Dissemination	
Jazmine Jackson				M / D D / Y Y Y	
Mailing Address 6 Herbert st #3			Amou	nt	
City	State	Zip Code	— I	39.00	\Box
Lynn	MA	01902		ction ID: 24-03-00140-00192 of Disbursement or Obligation	
Purpose of Expenditure Payroll		Category/ Type		09 12 2014	Υ
Name of Federal Candidate		Support	Office Sough	t: X House District: 06	;
Seth Moulton		Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought		97340.66	Disbursemen 2014 O	t For:	ral
(a) SUBTOTAL of Itemized Independent Expenditur	es			507.00	
(b) SUBTOTAL of Unitemized Independent Expendi	itures				_
				7 7 7	_
(c) TOTAL Independent Expenditures			·- >	12039.64	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize				
Darryl Tattrie	[Electro	onically Filed] Date	e 09	13 2014	
Signature		J Jak		2011	

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