

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

ADDIVINOLA COMMITTEE; THE

ADDRESS (number and street)

276 WASHINGTON STREET #305

Check if different than previously reported. (ACC)

BOSTON

MA

02108

2. FEC IDENTIFICATION NUMBER

C C00523332

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

MA

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

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

09 / 26 / 2013

through

M M / D D / Y Y Y Y

09 / 30 / 2013

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 Angelica Addivinola

Signature of Treasurer Angelica Addivinola

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 17 / 2013

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

Write or Type Committee Name

ADDIVINOLA COMMITTEE; THE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	95.00	10620.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	95.00	10620.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	2577.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	0.00	2577.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	47571.20	
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).....	32153.56	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

ADDIVINOLA COMMITTEE; THE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	7450.00
(ii) Unitemized	95.00	3170.00
(iii) TOTAL of contributions from individuals	95.00	10620.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	95.00	10620.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10403.37	30284.22
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10403.37	30284.22
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	10498.37	40904.22

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	2577.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2950.00	6929.59
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2950.00	6929.59
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2950.00	9506.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	40022.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10498.37
25. SUBTOTAL (add Line 23 and Line 24).....	50521.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2950.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	47571.20

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N

Transaction ID :

Experienced technical errors during electronic submission. Government shutdown prevented getting help for timely filing. . Government opened on Oct 17, 2013. Received assistance and filed immediately.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 100
	<input type="checkbox"/> 11a 12 <input checked="" 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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
2004.85

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2013

Transaction ID : SA13A.4830

Amount of Each Receipt this Period
160.00

Political events tickets: Sep '13

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
22293.35

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : SA13A.4851

Amount of Each Receipt this Period
2252.50

Icon Group: post cards

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
23610.39

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA13A.4819

Amount of Each Receipt this Period
1317.04

Postage - Sep '13

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

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

3729.54

**SCHEDULE A (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 100
	<input type="checkbox"/> 11a 12 <input checked="" 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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place #2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
23847.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA13A.4823

Amount of Each Receipt this Period
236.62
 Paper & office supplies, envelopes, toners

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place #2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
24396.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA13A.4828

Amount of Each Receipt this Period
549.98
 Fule/auto - Sep '13

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place #2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
25633.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA13A.4834

Amount of Each Receipt this Period
1236.42
 Phone call credits

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

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

2023.02

**SCHEDULE A (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 100
	<input type="checkbox"/> 11a 12 <input checked="" 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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
30133.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA13A.4840

Amount of Each Receipt this Period
4500.00
 BlackBoard Cons. - Sep '13

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
30284.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA13A.4854

Amount of Each Receipt this Period
150.81
 Facebook ads: 9/26-9/30

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).....

4650.81

10403.37

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 100	
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 24.00 Transaction ID : SB19A.4869
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - balance	
Candidate Name Frank John Addivinola Jr.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 88.02 Transaction ID : SB19A.4872
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 36.93 Transaction ID : SB19A.4873
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - balance	
Candidate Name Frank John Addivinola Jr.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	148.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 100	
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 94.35 Transaction ID : SB19A.4874
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 50.00 Transaction ID : SB19A.4875
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 248.85 Transaction ID : SB19A.4876
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	393.20
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 11 OF 100	
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 205.05 Transaction ID : SB19A.4877
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 198.45 Transaction ID : SB19A.4878
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 67.24 Transaction ID : SB19A.4879
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	470.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 100
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 8.10 Transaction ID : SB19A.4880
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 62.50 Transaction ID : SB19A.4881
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 60.00 Transaction ID : SB19A.4882
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	130.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 100
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 117.26 Transaction ID : SB19A.4883
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - full	
Candidate Name Frank John Addivinola Jr.		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 05		

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 1274.50 Transaction ID : SB19A.4884
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - balance	
Candidate Name Frank John Addivinola Jr.		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 05		

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 414.75 Transaction ID : SB19A.4885
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan reimbursement - partial	
Candidate Name Frank John Addivinola Jr.		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 05		

SUBTOTAL of Disbursements This Page (optional).....	1806.51
TOTAL This Period (last page this line number only).....	2950.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4475**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1014.00	1014.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 27 / 2012	1/1/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
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/10.4460

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2012

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

88.02

Cumulative Payment To Date

88.02

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M 07 / D 30 / Y 2012

Date Due

M M / D D / Y 1/1/2014

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4459**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		
City Boston	State MA	ZIP Code 02114

Original Amount of Loan 102.78	Cumulative Payment To Date 102.78	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 08 / D 05 / Y 2012	Date Due M / D / Y 1/1/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	--------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4458**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
94.35	94.35	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 08 / 2012	1/1/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4472**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 50.00	Cumulative Payment To Date 50.00	Balance Outstanding at Close of This Period 0.00
----------------------------------	-------------------------------------	---

TERMS

Date Incurred: M 08 / D 15 / Y 2012 Date Due: M / D / Y 1/1/2014 Interest Rate: 0.00 % (apr) Secured: 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)..... ▶ [] 0.00

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/10.4452

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2012

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
248.85 248.85 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

16

2012

1/1/2014

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)..... 0.00
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4454**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
205.05	205.05	0.00

TERMS
 Date Incurred: M 08 / D 16 / Y 2012
 Date Due: M / D / Y 1/1/2014
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ [] 0.00
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/10.4453**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2012

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

198.45

Cumulative Payment To Date

198.45

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

08 / 17 / 2012

Date Due

1/1/2014

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

0.00

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/10.4456

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2012

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
67.24 67.24 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

17

2012

1/1/2014

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)..... 0.00
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/10.4609**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2012

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
8.10 8.10 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 20 / 2012 M M / D D / 12/31/2014 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)..... ▶ 0.00
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/10.4612

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2012

Frank John Addivinola Jr.

Primary
 General
 Other (specify) ▼

Mailing Address
1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
62.50 62.50 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 24 / 2012 M M / D D / 12/31/2014 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)..... 0.00
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/10.4611

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2012

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
60.00 60.00 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

26

2012

12/31/2014

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)..... 0.00
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4604**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 117.26	Cumulative Payment To Date 117.26	Balance Outstanding at Close of This Period 0.00
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TERMS

Date Incurred M 08 / D 30 / Y 2012	Date Due M M / D D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------------	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional).....	[] 0.00
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/10.4605

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2012

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1774.50

1774.50

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

30

2012

12/31/2014

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)..... ▶

0.00

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4608**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Frank John Addivinola Jr.
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan 750.58	Cumulative Payment To Date 414.75	Balance Outstanding at Close of This Period 335.83
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TERMS
 Date Incurred: M 09 / D 05 / Y 2012
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: 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).....	335.83
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4603**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
365.79	0.00	365.79

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 09 / 2012	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	365.79
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/10.4607**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2012

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150.16 0.00 150.16

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

15

2012

12/31/2014

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)..... 150.16
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4613**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70.00	0.00	70.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 16 / Y 2012	M / D / Y 12/31/2014	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	70.00
TOTALS This Period (last page in this line only).....	<input 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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4610**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 452.17	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 452.17
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TERMS

Date Incurred M 09 / D 27 / Y 2012	Date Due M / D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶	[] 452.17
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4626**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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TERMS

Date Incurred M M / D D / Y Y Y Y 10 / 06 / 2012	Date Due M M / D D / Y Y Y Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional).....	▶	[] 100.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4627**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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TERMS

Date Incurred M M / D D / Y Y Y Y 10 / 06 / 2012	Date Due M M / D D / Y Y Y Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional).....	▶	[] 100.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4624**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place Other (specify) ▼
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75.00	0.00	75.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 10 / Y 2012	M / D / Y 12/31/2014	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	75.00
TOTALS This Period (last page in this line only).....	<input 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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4623**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75.00	0.00	75.00

TERMS Date Incurred: M 10 / D 19 / Y 2012 Date Due: M / D / Y 12/31/2014 Interest Rate: 0.00 % (apr) Secured: 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).....	75.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4616**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20.39	0.00	20.39

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 20 / 2012	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	20.39
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4625**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125.00	0.00	125.00

TERMS
 Date Incurred: M 10 / D 23 / Y 2012 Date Due: M / D / Y 12/31/2014 Interest Rate: 0.00 % (apr) Secured: 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)..... ▶ 125.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4618**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
149.20	0.00	149.20

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	11 / 28 / 2012	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	149.20
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4619**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
222.75	0.00	222.75

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 14 / Y 2012	M / D / Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	222.75
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4667**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
42.12	0.00	42.12

TERMS

Date Incurred: M 01 / D 08 / Y 2013
 Date Due: M / D / Y 12/31/14
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ 42.12

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4666**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
27.30	0.00	27.30

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 01 / D 23 / Y 2013 Y	M M / D D / Y 12/31/14 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	27.30
TOTALS This Period (last page in this line only).....	<input 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/10.4617

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

93.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

93.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

28

2013

12/31/2014

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)..... ▶

93.00

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/10.4671

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary
 General
 Other (specify) ▼

Mailing Address
1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
93.84	0.00	93.84

TERMS

Date Incurred: M 01 / D 31 / Y 2013
 Date Due: M / D / Y 12/31/14
 Interest Rate: 0.00 % (apr)
 Secured: 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).....	▶	93.84
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4673**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620	

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
52.79	0.00	52.79

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 07 / 2013	12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	52.79
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/10.4663

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50.00 0.00 50.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

14

2013

12/31/14

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)..... 50.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4670**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 20.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20.00
----------------------------------	------------------------------------	--

TERMS

Date Incurred: M 03 / D 16 / Y 2013
 Date Due: M / D / Y 12/31/14
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ [] 20.00

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/10.4665

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary
 General
 Other (specify) ▼

Mailing Address
1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10.00 0.00 10.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 17 / 2013 M M / D D / 12/31/14 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) 10.00
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/10.4664

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100.00 0.00 100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

25

2013

12/31/14

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) 100.00
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/10.4672**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
140.68 0.00 140.68

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

31

2013

12/31/14

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)..... 140.68

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4680**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75.00	0.00	75.00

TERMS Date Incurred: M 04 / D 21 / Y 2013 Date Due: M / D / Y 12/31/2014 Interest Rate: 0.00 % (apr) Secured: 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).....	75.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4681**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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TERMS

Date Incurred: M 04 / D 25 / Y 2013
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ 100.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4679**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45.00	0.00	45.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 26 / 2013	12/31/2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	45.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4678**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50.00	0.00	50.00

TERMS Date Incurred: M 04 / D 30 / Y 2013 Date Due: M / D / Y 12/31/2014 Interest Rate: 0.00 % (apr) Secured: 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).....	50.00
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/10.4683**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary
 General
 Other (specify) ▼

Mailing Address
1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
165.94 0.00 165.94

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 30 / Y 2013 M M / D D / Y 12/31/2014 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)..... ▶ 165.94
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4675**
ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10.67	0.00	10.67

TERMS Date Incurred Date Due Interest Rate Secured:
 M 05 / D 05 / Y 2013 M 09 / D 01 / Y 0011 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)..... ▶ [] 10.67
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4684**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
130.32	0.00	130.32

TERMS Date Incurred: M 05 / D 25 / Y 2013 Date Due: M / D / Y 12/31/2014 Interest Rate: 0.00 % (apr) Secured: 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).....	▶	130.32
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4676**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		
City Boston	State MA	ZIP Code 02114

Original Amount of Loan 20.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20.00
----------------------------------	------------------------------------	--

TERMS

Date Incurred M 05 / D 30 / Y 2013	Date Due M M / D D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <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: 100%;" 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: 100%;" 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: 100%;" 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: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="20.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" 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/10.4677

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary
 General
 Other (specify) ▼

Mailing Address
1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50.00 0.00 50.00

TERMS

Date Incurred Date Due Interest Rate Secured:
05 / 31 / 2013 M M / D D / 12/31/2014 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)..... 50.00
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/10.4682**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

70.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70.00

TERMS

Date Incurred

06 / 09 / 2013

Date Due

12/31/2014

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

70.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4685**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place Other (specify) ▼
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
48.00	0.00	48.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 29 / Y 2013	M / D / Y 12/31/2014	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	48.00
TOTALS This Period (last page in this line only).....	<input 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/10.4842

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
320.00 0.00 320.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07

02

2013

12/31/2015

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)..... 320.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4841**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1168.82	0.00	1168.82

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 08 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	1168.82
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4808**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr.
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1125.00	0.00	1125.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 21 / Y 2013	M M / D D / Y 12/31/2015	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	1125.00
TOTALS This Period (last page in this line only).....	<input 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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4816**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
734.14	0.00	734.14

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 31 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	734.14
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/10.4821**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

143.94

0.00

143.94

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07 / 31 / 2013

12/31/2015

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)..... ▶

143.94

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4826**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr.
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan 325.86	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 325.86
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TERMS
 Date Incurred: M 07 / D 31 / Y 2013
 Date Due: M / D / Y 12/31/2015
 Interest Rate: 0.00 % (apr)
 Secured: 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: <input style="width: 100%;" 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: 100%;" 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: 100%;" 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: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	325.86
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" 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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4838**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 31 / 2013	12/31/2015	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="3000.00"/>
TOTALS This Period (last page in this line only).....	<input 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**

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4810**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr.
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1598.00	0.00	1598.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 05 / Y 2013	M / D / Y 12/31/2015	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	1598.00
TOTALS This Period (last page in this line only).....	<input 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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4844**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
320.00	0.00	320.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 05 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	320.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4811
ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
730.00	0.00	730.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 06 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	730.00
TOTALS This Period (last page in this line only).....	_____

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4812**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 900.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 900.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred: M 08 / D 08 / Y 2013
 Date Due: M / D / Y 12/31/2015
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ 900.00

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/10.4809

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
40.00 0.00 40.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

11

2013

12/31/2015

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)..... 40.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4829**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
225.00	0.00	225.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 21 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	225.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4846**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
308.00	0.00	308.00

TERMS Date Incurred: M 08 / D 22 / Y 2013 Date Due: M / D / Y 12/31/2015 Interest Rate: 0.00 % (apr) Secured: 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).....	▶	[] 308.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4847**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
518.14	0.00	518.14

TERMS Date Incurred: M 08 / D 23 / Y 2013 Date Due: M / D / Y 12/31/2015 Interest Rate: 0.00 % (apr) Secured: 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).....	▶	518.14
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4818**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
731.20	0.00	731.20

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 31 / Y 2013	M / D / Y 12/31/2015	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	731.20
TOTALS This Period (last page in this line only).....	<input 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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4822**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 536.01	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 536.01
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TERMS

Date Incurred M 08 / D 31 / Y 2013	Date Due M / D / Y 12/31/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶	[] 536.01
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4827**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 178.83	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 178.83
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TERMS

Date Incurred M 08 / D 31 / Y 2013	Date Due M / D / Y 12/31/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional).....	▶	[] 178.83
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4839**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 08 / D 31 / Y 2013
 Date Due: M / D / Y 12/31/2015
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ 3000.00

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/10.4845

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

61.62

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

61.62

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

01

2013

12/31/2015

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)..... ▶

61.62

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/10.4848**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

320.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

320.00

TERMS

Date Incurred

09 / 02 / 2013

Date Due

12/31/2015

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

320.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4814**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50.00	0.00	50.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 09 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	50.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4813**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
267.00	0.00	267.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 10 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	267.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4849**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
325.36	0.00	325.36

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 12 / Y 2013	M / D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	325.36
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4850**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
73.91	0.00	73.91

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 12 / Y 2013	M / D / Y 12/31/2015	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	73.91
TOTALS This Period (last page in this line only).....	<input 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/10.4832**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
499.00 0.00 499.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

15

2013

12/31/2015

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)..... 499.00
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/10.4843**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

95.64

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

95.64

TERMS

Date Incurred

09 / 21 / 2013

Date Due

12/31/2015

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

95.64

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4831**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
36.00	0.00	36.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 24 / 2013	12/31/2015	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) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	36.00
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4824**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
104.17	0.00	104.17

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 25 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	104.17
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4825**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 223.56	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 223.56
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TERMS

Date Incurred M 09 / D 25 / Y 2013	Date Due M / D / Y 12/31/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional).....	▶	[] 223.56
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4853**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
155.04	0.00	155.04

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 25 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	155.04
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/10.4830

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
160.00 0.00 160.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

26

2013

12/31/2015

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)..... 160.00

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/10.4851

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

2252.50

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2252.50

TERMS

Date Incurred

09 / 27 / 2013

Date Due

12/31/2015

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

2252.50

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4819**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1317.04	0.00	1317.04

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	1317.04
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/10.4823**

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
236.62 0.00 236.62

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

30

2013

12/31/2015

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)..... 236.62

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4828**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
549.98	0.00	549.98

TERMS Date Incurred: 09 / 30 / 2013 Date Due: 12/31/2015 Interest Rate: 0.00 % (apr) Secured: 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).....	▶	549.98
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4834**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1236.42	0.00	1236.42

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	1236.42
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/10.4840

ADDIVINOLA COMMITTEE; THE

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

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
4500.00 0.00 4500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

30

2013

12/31/2015

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)..... 4500.00

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4854**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.81	0.00	150.81

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2013	/ / 2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	150.81
TOTALS This Period (last page in this line only).....	▶	32153.56

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