

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

TISEI CONGRESSIONAL COMMITTEE

ADDRESS (number and street)

26 MAIN STREET

Check if different than previously reported. (ACC)

LYNNFIELD

MA

01940

2. FEC IDENTIFICATION NUMBER ▼

C C00506170

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MA

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 04 / 2014

in the State of

MA

5. Covering Period

M M / D D / Y Y Y Y

10 / 16 / 2014

through

M M / D D / Y Y Y Y

11 / 24 / 2014

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

Type or Print Name of Treasurer BRIAN CRESTA

Signature of Treasurer BRIAN CRESTA

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 04 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TISEI CONGRESSIONAL COMMITTEE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	179943.26	1781740.90
(b) Total Contribution Refunds (from Line 20(d))	1150.00	16875.56
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	178793.26	1764865.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	886553.17	2006505.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	3847.50	22726.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	882705.67	1983779.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10933.61	
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).....	0.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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

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

Write or Type Committee Name

TISEI CONGRESSIONAL COMMITTEE

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election) through 11 / 24 / 2014 (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
103789.00	1257727.01	0.00
(ii) Unitemized		
21304.26	181848.89	200.00
(iii) Total of contributions from individuals		
125093.26	1439575.90	200.00
(b) Political Party Committees		
0.00	5000.00	0.00
(c) Other Political Committees		
54850.00	337165.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 168

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
179943.26	1781740.90	200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
1141.72	221151.02	1141.72
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
3847.50	22726.44	3847.50
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
184932.48	2025618.36	5189.22

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

TISEI CONGRESSIONAL COMMITTEE

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="886553.17"/>	<input type="text" value="2006505.52"/>	<input type="text" value="37600.94"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="1150.00"/>	<input type="text" value="16125.56"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 168

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

0.00	750.00	0.00
------	--------	------

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

1150.00	16875.56	0.00
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21. OTHER DISBURSEMENTS

0.00	6000.00	0.00
------	---------	------

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

887703.17	2029381.08	37600.94
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

178793.26	1764865.34	200.00
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IV. NET OPERATING EXPENDITURES

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

882705.67	1983779.08	33753.44
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	713704.30
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	184932.48
25. SUBTOTAL (add Line 23 and Line 24).....	898636.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	887703.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	10933.61

**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 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER AGGANIS

Mailing Address P.O. BOX 8

City: READING State: MA Zip Code: 01867

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 10 / 28 / 2014

Transaction ID : SA11AI.13089

Amount of Each Receipt this Period: 500.00

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

Mailing Address 135 COUNTRY CLUB ROAD

City: MELROSE State: MA Zip Code: 02176

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 550.00

Date of Receipt: 10 / 31 / 2014

Transaction ID : SA11AI.13206

Amount of Each Receipt this Period: 100.00

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

Mailing Address 21 PARISH RD

City: GEORGETOWN State: MA Zip Code: 01833

FEC ID number of contributing federal political committee: C

Name of Employer: MIDDLESEX SHERIFF'S OFFICE Occupation: CORRECTIONS OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 10 / 29 / 2014

Transaction ID : SA11AI.12823

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 94 MAPLE STREET

City MELROSE State MA Zip Code 02176

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

Name of Employer D&R GENERAL CONTRACTING, INC Occupation CONTRACTS ADMINISTRTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

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

Transaction ID : SA11AI.13445

Amount of Each Receipt this Period
250.00

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

Mailing Address 143 VILLAGE ST

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer CITIZENS FOR LIMITED TAXATION Occupation POLITICAL ACTIVIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13095

Amount of Each Receipt this Period
160.00

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

Mailing Address 103 OLD COLONY ROAD

City WELLESLEY State MA Zip Code 02481

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

Name of Employer FERNWOOD ADVISORS, INC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.13359

Amount of Each Receipt this Period
250.00

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

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

660.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) ROBERT AQUADRO		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 212 CHESTNUT ST		Transaction ID : SA11AI.12946
City FLORENCE	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MR. RICHARD ARMITSTEAD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address P.O. BOX 195		Transaction ID : SA11AI.12821
City LYNNFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer LIMBACH CO.	Occupation MECHANICAL CONTRACTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) KATHERINE ATTIA		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address 139 VALLEY STREET		Transaction ID : SA11AI.13396
City BEVERLY	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LYNN COMMUNITY HEALTH	Occupation NURSE PRACTITIONER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL BARON

Mailing Address 4051 NE 27TH TERRACE

City State Zip Code
LIGHTHOUSE POINT FL 33064

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

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
283.00

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

Transaction ID : SA11AI.13509

Amount of Each Receipt this Period
90.00

B. Full Name (Last, First, Middle Initial)
MR. THEODORE BARTEN

Mailing Address 35 VAUGHN HILL ROAD

City State Zip Code
BOLTON MA 01740

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

Name of Employer Occupation
EPSILON ASSOCIATES, INC. ENVIRONMENTAL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

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

Transaction ID : SA11AI.12959

Amount of Each Receipt this Period
50.00

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

Mailing Address 28 SOUTHPOINT LANE

City State Zip Code
IPSWICH MA 01938

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

Name of Employer Occupation
LYNNFIELD ENGINEERING ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13071

Amount of Each Receipt this Period
500.00

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

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

640.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 94 PROSPECT ST

City READING State MA Zip Code 01867

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

Name of Employer RAYTHEON Occupation DEFENSE CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11AI.13138

Amount of Each Receipt this Period
800.00

B. Full Name (Last, First, Middle Initial)
CHRISTIAN A BERLE

Mailing Address 6 SNOWS CT NW

City WASHINGTON State DC Zip Code 20037

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

Name of Employer FREEDOM TO WORK Occupation PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1175.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.12949

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DONALD BERRIAN

Mailing Address 17 PHEASANT LANE

City TOPSFIELD State MA Zip Code 09183

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

Name of Employer AIBT Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13543

Amount of Each Receipt this Period
250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 14 KEELING RD

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
GREENBERG TRAUIG LLP ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11Al.13806

Amount of Each Receipt this Period
250.00

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

Mailing Address 23 NELSON STREET

City State Zip Code
WINCHESTER MA 01890

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

Name of Employer Occupation
FIDELITY INVESTMENTS PUBLIC AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11Al.13243

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BLUE GLOBAL MEDIA

Mailing Address 7302 EAST HELM DR
2005

City State Zip Code
SCOTTSDALE AZ 85260

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11Al.13849

Amount of Each Receipt this Period
1000.00

LLC INFORMATION REQUESTED

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ERIC BOEMER

Mailing Address **276 WOBURN ST**

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

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.13000

Amount of Each Receipt this Period
1000.00

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

Mailing Address **12 WIRTHMORE LANE**

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

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **395.00**

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

Transaction ID : SA11AI.13442

Amount of Each Receipt this Period
15.00

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

Mailing Address **3 CHAPEL HILL ROAD**

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

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

Name of Employer **ABIOMED, INC.** Occupation **VP - GLOBAL PRODUCT OPERATIONS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

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

Transaction ID : SA11AI.13640

Amount of Each Receipt this Period
1500.00

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

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

2515.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ARNO BOMMER

Mailing Address 202 BROOKSBY VILLAGE DRIVE

City State Zip Code
PEABODY MA 01960

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

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

Transaction ID : SA11AI.12998

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
GERARD BRANDI

Mailing Address 3 SPARHAWK DR.

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.13053

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
ISABELLE K. BROWN

Mailing Address 121 LEONARD STREET

City State Zip Code
GLOUCESTER MA 01930

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.12921

Amount of Each Receipt this Period
50.00

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL BURKE

Mailing Address 45 BELLEVUE ROAD

City State Zip Code
SWAMPSCOTT MA 01907

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

Name of Employer Occupation
NUTTER MCCLENNEN & FISH LLP ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13705

Amount of Each Receipt this Period
250.00

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

Mailing Address 49 WEST EMERSON STREET

City State Zip Code
MELROSE MA 02176

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

Name of Employer Occupation
SELF-EMPLOYED CONSTRUCTION MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1125.00

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

Transaction ID : SA11AI.13343

Amount of Each Receipt this Period
250.00

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

Mailing Address 49 WEST EMERSON STREET

City State Zip Code
MELROSE MA 02176

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

Name of Employer Occupation
SELF-EMPLOYED CONSTRUCTION MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1225.00

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

Transaction ID : SA11AI.13746

Amount of Each Receipt this Period
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. TODD BURNE		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 49 WEST EMERSON STREET		Transaction ID : SA11AI.13511	
City MELROSE	State MA	Zip Code 02176	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 150.00	
Name of Employer SELF-EMPLOYED		Occupation CONSTRUCTION MANAGER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1375.00	

Full Name (Last, First, Middle Initial) B. TODD BURNE		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 49 WEST EMERSON STREET		Transaction ID : SA11AI.12886	
City MELROSE	State MA	Zip Code 02176	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer SELF-EMPLOYED		Occupation CONSTRUCTION MANAGER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1475.00	

Full Name (Last, First, Middle Initial) C. DONALD BURNS		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 450 ROYAL PALM WAY SUITE 450		Transaction ID : SA11AI.13467	
City PALM BEACH	State FL	Zip Code 33480	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer NONE		Occupation NONE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MELODY LEBRETTON BUSH		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 120 DEERFIELD LANE		Transaction ID : SA11AI.13404
City HANOVER	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. DANIEL CAHILL		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 8 SCULPIN WAY		Transaction ID : SA11AI.13756
City SWAMPSCOTT	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF EMPLOYED	Occupation ELECTRICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. DEANNA CAPONE		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 35 SPRUCE ROAD		Transaction ID : SA11AI.12906
City NORTH READING	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) GARY CAPONE		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 77 INGLESIDE AVE		Transaction ID : SA11AI.13141
City WINTHROP	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CAPONE IRON CORP	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) GARY CAPONE		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 77 INGLESIDE AVE		Transaction ID : SA11AI.13573
City WINTHROP	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CAPONE IRON CORP	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) STEPHEN CAPONE		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 35 SPRUCE RD.		Transaction ID : SA11AI.13131
City NORTH READING	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CAPONE IRON CORP	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEPHEN CAPONE

Mailing Address 35 SPRUCE RD.

City NORTH READING State MA Zip Code 01864

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

Name of Employer CAPONE IRON CORP Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11A1.12904

Amount of Each Receipt this Period
250.00

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

Mailing Address 531 SOUTH ST

City NEEDHAM State MA Zip Code 02492

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

Name of Employer OPPENHEIMER MULTIFAMILY HOUSING & H Occupation COMMERCIAL MORTGAGE LENDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11A1.13433

Amount of Each Receipt this Period
500.00

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

Mailing Address 33 BROAD STREET # 802

City BOSTON State MA Zip Code 02109

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

Name of Employer CAREY REALTY LLC Occupation SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

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

Transaction ID : SA11A1.13435

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 33 BROAD STREET
802

City State Zip Code
BOSTON MA 02109

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

Name of Employer Occupation
CAREY REALTY LLC SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

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

Transaction ID : SA11AI.13804

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS. ANDREA C CARUSO

Mailing Address 4 GUSSETT RD

City State Zip Code
WENHAM MA 01984

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

Name of Employer Occupation
CITY RENTALS LLC MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.12951

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MS. ANDREA C CARUSO

Mailing Address 4 GUSSETT RD

City State Zip Code
WENHAM MA 01984

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

Name of Employer Occupation
CITY RENTALS LLC MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.12952

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
RALPH CARUSO

Mailing Address **4 GUSSETT ROAD**

City **WENHAM** State **MA** Zip Code **01984**

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

Name of Employer **CARUSO COMPANIES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13786

Amount of Each Receipt this Period
250.00

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

Mailing Address **178 LOWELL ST
UNIT 1**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

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

Transaction ID : SA11AI.13633

Amount of Each Receipt this Period
100.00

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

Mailing Address **2 MURPHY WAY**

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

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.13782

Amount of Each Receipt this Period
300.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 75 HUNTINGTON ST

City State Zip Code
LOWELL MA 01852

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

Name of Employer Occupation
PALMERS RESTAURANT HOSTESS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11AI.13789

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DAVID CLANCY

Mailing Address 23 HOLYOKE STREET
APT 3

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
SKADDEN ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11AI.13306

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
KATHLEEN CLANCY

Mailing Address 78 HIGH POPPLES RD

City State Zip Code
GLOUCESTER MA 01930

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

Name of Employer Occupation
CITY OF GLOUCESTER SCHOOL COMMITTEE MEMBER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11AI.12866

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 23 OF 168
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 51 TURKEY HILL ROAD

City WEST NEWBURY State MA Zip Code 01985

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 19 / 2014

Transaction ID : SA11AI.13602

Amount of Each Receipt this Period
50.00

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

Mailing Address 14 ARBOR STREET

City WENHAM State MA Zip Code 01984

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11AI.13726

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
DANIEL CONNELLY

Mailing Address 52 WAVE AVE

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer MCDERMOTT WILL & EMERY Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13519

Amount of Each Receipt this Period
250.00

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

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

420.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 400 W. CUMMINGS PK
SUITE 1725

City WOBURN State MA Zip Code 01801

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

Name of Employer SELF-EMPLOYED Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11AI.13643

Amount of Each Receipt this Period
1500.00

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

Mailing Address 823 ANDOVER STREET

City LOWELL State MA Zip Code 01852

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

Name of Employer CONWAY INSURANCE Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

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

Transaction ID : SA11AI.13252

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DANIEL COOK

Mailing Address 8 CORTLAND LN

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer AMERICAN RISK MANAGEMENT, INC Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.13795

Amount of Each Receipt this Period
250.00

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

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

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 224 MILL POND ROAD

City NOTTINGHAM State NH Zip Code 03290

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

Name of Employer STUDENT Occupation STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.13003

Amount of Each Receipt this Period
 2600.00

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

Mailing Address PO BOX 3999

City NOTTINGHAM State NH Zip Code 03290

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

Name of Employer WORLD LANGUAGE RESOURCES Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.13004

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER COSTELLO

Mailing Address 34 CINDY LANE

City ROWLEY State MA Zip Code 01969

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.13811

Amount of Each Receipt this Period
 500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address P.O. BOX 950

City State Zip Code
MEDFIELD MA 02052

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13447

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. DON CRAWFORD

Mailing Address 49 RUTLAND SQUARE

City State Zip Code
BOSTON MA 02118

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

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

Transaction ID : SA11AI.13072

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. DON CRAWFORD

Mailing Address 49 RUTLAND SQUARE

City State Zip Code
BOSTON MA 02118

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.12933

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 243 MIDDLE STREET

City WEST NEWBURY State MA Zip Code 01985

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

Name of Employer ARCO WELDING SUPPLY CO Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11AI.12907

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. JONATHAN CRUTCHLEY

Mailing Address 166 FISHER AVE

City BROOKLINE State MA Zip Code 02445

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

Name of Employer ONLINE BUDDIES, INC Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.12987

Amount of Each Receipt this Period
2600.00

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

Mailing Address 21 CHEQUESSETT ROAD

City READING State MA Zip Code 01867

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

Name of Employer CUMMINGS EQUITY PARTNERS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11AI.13068

Amount of Each Receipt this Period
300.00

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

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

3400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARISA DEFRANCO

Mailing Address 18 OGDEN LANE

City MIDDLETON State MA Zip Code 01949

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13119

Amount of Each Receipt this Period
500.00

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

Mailing Address 18 ASPEN ROAD

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer SELF-EMPLOYED Occupation ESL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
370.00

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

Transaction ID : SA11AI.13580

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
BRACKETT DENNISTON

Mailing Address 1081 HILLSIDE RD

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer GENERAL ELECTRIC CO. Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

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

Transaction ID : SA11AI.13743

Amount of Each Receipt this Period
1600.00

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

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

2125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **7 LANTERN LANE**

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

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

Name of Employer **UNIFIRST CORPORATION** Occupation **SENIOR VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13698

Amount of Each Receipt this Period
250.00

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

Mailing Address **118 LARCH ROW**

City **WENHAM** State **MA** Zip Code **01984**

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

Name of Employer **DAVIO'S** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.12953

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NICK DIRANIAN

Mailing Address **15 TIMOTHY PLACE**

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

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

Name of Employer **FLEETSTAR FINANCIAL** Occupation **FINANCIAL ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13278

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. LEROY DIRKS		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 3 LOBAO DR		Transaction ID : SA11AI.12922	
City DANVERS	State MA	Amount of Each Receipt this Period 100.00	
Zip Code 01923			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. ANNE DODGE		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 110 KAULA LANCE		Transaction ID : SA11AI.13613	
City BONITA SPRINGS	State FL	Amount of Each Receipt this Period 2600.00	
Zip Code 34134			
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. STEVEN DODGE		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 110 KAULA LANCE		Transaction ID : SA11AI.13612	
City BONITA SPRINGS	State FL	Amount of Each Receipt this Period 2600.00	
Zip Code 34134			
FEC ID number of contributing federal political committee. C			
Name of Employer WINDOVER DEVELOPMENT OF FLORIDA	Occupation REAL ESTATE DEVELOPMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	5300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **BRIDLE SPUR RD**

City **DANVERS** State **MA** Zip Code **01923**

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

Name of Employer **MACLEAN, HOLLOWAY, DOHERTY, AR** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.13468

Amount of Each Receipt this Period
1000.00

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

Mailing Address **9 KENMORE ROAD**

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

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13777

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KARNEY ELDRIDGE

Mailing Address **PO BOX 2143**

City **ABINGTON** State **MA** Zip Code **02351**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.12873

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 195 BRIDLE PATH

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer KEE 55 INC. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1090.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11A1.13356

Amount of Each Receipt this Period
250.00

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

Mailing Address 1220 PARK AVE.

City NEW YORK State NY Zip Code 10128

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

Name of Employer SULLIVAN & CROMWELL LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11A1.13153

Amount of Each Receipt this Period
500.00

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

Mailing Address 33 RIVER ST

City AMESBURY State MA Zip Code 01913

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

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

Transaction ID : SA11A1.12892

Amount of Each Receipt this Period
50.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 11 IROQUOIS ROAD

City DANVERS State MA Zip Code 01923

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1900.00

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

Transaction ID : SA11AI.13139

Amount of Each Receipt this Period
 250.00

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

Mailing Address 300 MOUNTAIN VIEW DR.
APT 213

City STONEHAM State MA Zip Code 02180

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

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

Transaction ID : SA11AI.12859

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL FINER

Mailing Address 530 LORING AVE
SUITE 302

City SALEM State MA Zip Code 01970

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

Name of Employer FINER WEALTH MANAGEMENT, INC. Occupation FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

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

Transaction ID : SA11AI.13824

Amount of Each Receipt this Period
 250.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOYCE FITZGIBBONS

Mailing Address 34 MCNEIL WAY

City State Zip Code
TEWKSBURY MA 01876

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11AI.13609

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LINDA FLAHERTY

Mailing Address 23 WILDWOOD RD.

City State Zip Code
DANVERS MA 01923

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

Name of Employer Occupation
LAW OFFICE OF ARTHUR P. SKARMEAS, LLC PARALEGAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.13790

Amount of Each Receipt this Period
200.00

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

Mailing Address 2200 N WESTMORELAND STREET
UNIT 314

City State Zip Code
ARLINGTON VA 22213

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

Name of Employer Occupation
SFIG DIRECTOR OF ADVOCACY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.13407

Amount of Each Receipt this Period
500.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KAI FOLEY

Mailing Address 52 HEWITT AVE

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer SELF-EMPLOYED Occupation DAYCARE PROVIDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13147

Amount of Each Receipt this Period
50.00

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

Mailing Address 101 MOORE ROAD

City SUDBURY State MA Zip Code 01776

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

Name of Employer INSTINET, LLC Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.13674

Amount of Each Receipt this Period
100.00

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

Mailing Address 1000 JOHNSON ST

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11AI.13035

Amount of Each Receipt this Period
100.00

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PHILLIP FREMONT-SMITH

Mailing Address 58 OAKLEY RD

City State Zip Code
BELMONT MA 02478

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

Name of Employer Occupation
BLACKSMITH SHOP, INC. EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13309

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROY FROST

Mailing Address 4 CHESTNUT LANE

City State Zip Code
BEDFORD MA 01730

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.13410

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
STEPHEN GALANTE

Mailing Address 49 WESTON RD

City State Zip Code
READING MA 01867

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

Name of Employer Occupation
RALPH J GALANTE INSURANCE AGENCY INC INSURANCE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
369.00

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

Transaction ID : SA11AI.13802

Amount of Each Receipt this Period
44.00

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

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

644.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEPHEN GALANTE

Mailing Address 49 WESTON RD

City: READING State: MA Zip Code: 01867

FEC ID number of contributing federal political committee: C

Name of Employer: RALPH J GALANTE INSURANCE AGENCY INC Occupation: INSURANCE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 494.00

Date of Receipt: 10 / 29 / 2014

Transaction ID : SA11AI.12930

Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
LISA GALLAGHER

Mailing Address 4 PERKINS WAY

City: NEWBURYPORT State: MA Zip Code: 01950

FEC ID number of contributing federal political committee: C

Name of Employer: HAWTAN LEATHERS, LLC Occupation: LEATHER MANUFACTURER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 17 / 2014

Transaction ID : SA11AI.13054

Amount of Each Receipt this Period: 500.00

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

Mailing Address 24 LAWNDAL RD

City: STONEHAM State: MA Zip Code: 02180

FEC ID number of contributing federal political committee: C

Name of Employer: GIANNELLI ENTERPRISES Occupation: R.E. DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 28 / 2014

Transaction ID : SA11AI.13836

Amount of Each Receipt this Period: 1000.00

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

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

1625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 43 W HUCKLEBERRY RD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13084

Amount of Each Receipt this Period
50.00

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

Mailing Address 42 WATERSTON ROAD

City NEWTON State MA Zip Code 02458

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

Name of Employer UNEMPLOYED Occupation UNEMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13050

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KENNETH GLOWACKI

Mailing Address 15 HICKORY LANE

City UPTON State MA Zip Code 01568

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

Name of Employer TOWN OF UPTON Occupation TREASURER/COLLECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.13799

Amount of Each Receipt this Period
200.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JANICE GLYNN

Mailing Address **30 COOLIDGE PARK**

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

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.12929

Amount of Each Receipt this Period
100.00

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

Mailing Address **169 COMMONWEALTH AVE.
APT. 1**

City **BOSTON** State **MA** Zip Code **02116**

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

Name of Employer **CORIANDER INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2456.00**

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

Transaction ID : SA11AI.13303

Amount of Each Receipt this Period
356.00

C. Full Name (Last, First, Middle Initial)
JILL GOODMAN

Mailing Address **1 JUNCTION LANE**

City **SO. HAMILTON** State **MA** Zip Code **01982**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.13678

Amount of Each Receipt this Period
250.00

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

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

706.00

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

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

FOR LINE NUMBER: PAGE 40 OF 168
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 100 PARK TERRACE DRIVE
UNIT 123

City Stoneham State MA Zip Code 02180

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11A1.12945

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
NICHOLAS GRACE

Mailing Address 111 TOWNE ST APT 1014

City Stamford State CT Zip Code 06821

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

Name of Employer GEMSA Occupation ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11A1.13721

Amount of Each Receipt this Period
500.00

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

Mailing Address 278 MYSTIC AVE

City Medford State MA Zip Code 02155

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

Name of Employer GENERAL INSULATION CO Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11A1.13040

Amount of Each Receipt this Period
500.00

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 41 OF 168
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **220 BOYLSTON ST
UNIT 1518**

City **BOSTON** State **MA** Zip Code **02116**

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

Name of Employer **BENCHMARK SENIOR LIVING** Occupation **CHAIRMAN & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.13056

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DAVID GRISWOLD

Mailing Address **4956 SENTINEL DR. 202**

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

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13083

Amount of Each Receipt this Period
250.00

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

Mailing Address **54 CROSS LANE**

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

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

Name of Employer **SELF-EMPLOYED** Occupation **BUSINESS OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
710.00

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

Transaction ID : SA11AI.13234

Amount of Each Receipt this Period
100.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **9 FAIRVIEW CIRCLE**

City **GROVELAND** State **MA** Zip Code **01834**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **452.00**

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

Transaction ID : SA11AI.13590

Amount of Each Receipt this Period
50.00

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

Mailing Address **9B CURLEW COURT**

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

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.13289

Amount of Each Receipt this Period
50.00

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

Mailing Address **75 BEAVER ROAD**

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

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

Name of Employer **THE COLONY GROUP** Occupation **EXECUTIVE VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.13838

Amount of Each Receipt this Period
250.00

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 43 OF 168
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ELLEN HARGRAVES

Mailing Address 21 TEMPLE DRIVE

City State Zip Code
GROTON MA 01450

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.12920

Amount of Each Receipt this Period
50.00

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

Mailing Address 19 NORWOOD HTS

City State Zip Code
GLOUCESTER MA 01930

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.13596

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
TODD HARRIS

Mailing Address 219 EAST MASON AVE

City State Zip Code
ALEXANDRIA VA 22301

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

Name of Employer Occupation
SOMETHING ELSE CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.13428

Amount of Each Receipt this Period
1000.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) DAVID HART		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 12 MT. VERNON STREET UNIT 24		Transaction ID : SA11AI.13142
City MELROSE	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MIDDLESEX COUNTY SHERIFF'S OFFICE	Occupation CAREER COUNSELOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 235.00	

Full Name (Last, First, Middle Initial) MR. WILLIAM D HART		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 19 ORCHARD LN		Transaction ID : SA11AI.13780
City LYNNFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) DORIS HEARTY		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 62 BEACON STREET		Transaction ID : SA11AI.13688
City BOSTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	2900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANDREW HELENE

Mailing Address **20 WOODSTOCK DR**

City **BREWSTER** State **MA** Zip Code **02631**

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

Name of Employer **CITIZENS FINANCIAL GROUP** Occupation **BANKING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

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

Transaction ID : SA11AI.13226

Amount of Each Receipt this Period
50.00

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

Mailing Address **560 CONCORD AVE.**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2300.00**

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

Transaction ID : SA11AI.13627

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROLAND HIRSCH

Mailing Address **20458 WATERS POINT LANE**

City **GERMANTOWN** State **MD** Zip Code **20874**

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

Name of Employer **US DEPT OF ENERGY** Occupation **SCIENCE MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **215.00**

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

Transaction ID : SA11AI.12978

Amount of Each Receipt this Period
25.00

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

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

575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. WAYNE HOFFMAN

Mailing Address 82 PAON BLVD

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11A1.13319

Amount of Each Receipt this Period
250.00

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

Mailing Address 65 WEST STREET

City State Zip Code
BEVERLY FARMS MA 01915

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

Name of Employer Occupation
MORELAND MANAGEMENT COMPANY PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11A1.13614

Amount of Each Receipt this Period
2600.00

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

Mailing Address 27 HARVEST CIRCLE

City State Zip Code
LINCOLN MA 01773

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

Name of Employer Occupation
HOSKINS&ASSOCIATES EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

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

Transaction ID : SA11A1.13700

Amount of Each Receipt this Period
1500.00
SEE REATTRIBUTION BELOW

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

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

4350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **27 HARVEST CIRCLE**

City **LINCOLN** State **MA** Zip Code **01773**

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

Name of Employer **HOSKINS&ASSOCIATES** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.13700.0

Amount of Each Receipt this Period
-800.00

SEE REATTRIBUTION BELOW

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ELIZABETH HOSKINS

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

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

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

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

Transaction ID : SA11AI.13700.1

Amount of Each Receipt this Period
800.00

REATTRIBUTED

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DONALD HURWITZ

Mailing Address **5 MARION RD**

City **MARBLEHEAD** State **MA** Zip Code **01945**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

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

Transaction ID : SA11AI.13376

Amount of Each Receipt this Period
25.00

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

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

25.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DONALD HURWITZ

Mailing Address 5 MARION RD

City State Zip Code
MARBLEHEAD MA 01945

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11AI.13188

Amount of Each Receipt this Period
25.00

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

Mailing Address 18 MIDLAND ROAD

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
HLJ ASSET MANAGEMENT PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13502

Amount of Each Receipt this Period
150.00

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

Mailing Address 6 THWING RD

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
390.00

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

Transaction ID : SA11AI.12997

Amount of Each Receipt this Period
100.00

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

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

275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NEIL KINNON

Mailing Address 11 SPRUCE STREET

City MALDEN State MA Zip Code 02148

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

Name of Employer CITY OF MALDEN Occupation CITY COUNCILLOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13239

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JEANNE KLEENE

Mailing Address 38 DEVEREUX ST

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer PREMIERE RACING INC Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
420.00

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

Transaction ID : SA11AI.13725

Amount of Each Receipt this Period
120.00

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

Mailing Address 32 TOWNE LANE

City TOPSFIELD State MA Zip Code 01983

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

Name of Employer KMETZ MANAGEMENT CONSULTING LLC Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.13156

Amount of Each Receipt this Period
20.00

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

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

640.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
P. LAMARRE

Mailing Address 4 FAIRVIEW ST

City NORTH READING State MA Zip Code 01864

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

Name of Employer MASS DOT Occupation EXECUTIVE ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

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

Transaction ID : SA11AI.13778

Amount of Each Receipt this Period
 _____ 250.00

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

Mailing Address 1200 SALEM STREET UNIT 124

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer PETER VIOLETTE, O.D., P.C Occupation OPTICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

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

Transaction ID : SA11AI.13078

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
MATTHEW LEBRETTON

Mailing Address 8 VOLUNTEER ROAD

City HINGHAM State MA Zip Code 02043

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

Name of Employer NEW BALANCE Occupation PUBLIC AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.13649

Amount of Each Receipt this Period
 _____ 500.00

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

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

_____ 1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) DAVID J LESLIE		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 1 DESMOULIN LANE		Transaction ID : SA11Al.13421	
City MARBLEHEAD	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RACKEMANN, SAWYER & BREWSTER	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) DAVID J LESLIE		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 1 DESMOULIN LANE		Transaction ID : SA11Al.13231	
City MARBLEHEAD	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RACKEMANN, SAWYER & BREWSTER	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) WILLIAM LOCKE		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 601 CONTOUR DRIVE		Transaction ID : SA11Al.13015	
City SAN ANTONIO	State TX	Zip Code 78212	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer PIONEER ENERGY SERVICES	Occupation PRESIDENT & CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LEON LOMBARDI

Mailing Address P.O. BOX 135

City SOUTH EASTON State MA Zip Code 02375

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.13032

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
SARA RENE LOMBARDI

Mailing Address P.O. BOX 135

City SOUTH EASTON State MA Zip Code 02375

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.13034

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
LOUIS LUCAS

Mailing Address 81 DOLLIVERS NECK ROAD

City GLOUCESTER State MA Zip Code 01930

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.13353

Amount of Each Receipt this Period
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL LUCY

Mailing Address 10 WALLIS DRIVE

City WENHAM State MA Zip Code 01984

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **585.00**

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

Transaction ID : SA11AI.13585

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS. NANCY LUTHER

Mailing Address 294 PERKINS ROW

City TOPSFIELD State MA Zip Code 01983

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

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

Transaction ID : SA11AI.13010

Amount of Each Receipt this Period
100.00

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

Mailing Address 101 HUNTINGTON AVE
SUITE 2205

City BOSTON State MA Zip Code 02199

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

Name of Employer JENZABAR Occupation CHAIRMAN & CHIEF EXECUTIVE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11AI.13470

Amount of Each Receipt this Period
1000.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) PAUL MAHONEY		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 45 LONGFELLOW ROAD		Transaction ID : SA11AI.13494	
City READING	State MA	Zip Code 01867	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) NANCY MALLEY		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 9 KENDRICK ROAD		Transaction ID : SA11AI.13457	
City WAKEFIELD	State MA	Zip Code 01880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer HALLMARK HEALTH SYSTEMS	Occupation RN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) PETER MANNING		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 7 COPELAND DRIVE		Transaction ID : SA11AI.13709	
City BEDFORD	State MA	Zip Code 01730	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer FIDELITY INVESTMENTS	Occupation VICE PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) ELAINE MAWHINNEY		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 65 FEDERAL ST.		Transaction ID : SA11AI.13701
City NEWBURYPORT	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NORTH SHORE COMMUNITY COLLEGE	Occupation COLLEGE PROFESSOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 295.00	

Full Name (Last, First, Middle Initial) ELAINE MAWHINNEY		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 65 FEDERAL ST.		Transaction ID : SA11AI.13618
City NEWBURYPORT	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NORTH SHORE COMMUNITY COLLEGE	Occupation COLLEGE PROFESSOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 345.00	

Full Name (Last, First, Middle Initial) ELAINE MAWHINNEY		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2014
Mailing Address 65 FEDERAL ST.		Transaction ID : SA11AI.13191
City NEWBURYPORT	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NORTH SHORE COMMUNITY COLLEGE	Occupation COLLEGE PROFESSOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 395.00	

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **277 HIGHLAND STREET**

City **LUNENBURG** State **MA** Zip Code **01462**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

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

Transaction ID : SA11AI.13061

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
EILEEN MCANNENY

Mailing Address **32 MEEIDIAN ST**

City **MALTOSE** State **MA** Zip Code **02175**

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

Name of Employer **MA SOCIETY OF CPAS** Occupation **PRESIDENT & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.13350

Amount of Each Receipt this Period
50.00

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

Mailing Address **17 CROWNINSHIELD ROAD**

City **MARBLEHEAD** State **MA** Zip Code **01945**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.13597

Amount of Each Receipt this Period
2600.00

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 14 GREEN'S POINT RD.

City Ipswich State MA Zip Code 01938

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

Name of Employer CNA Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13006

Amount of Each Receipt this Period
500.00

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

Mailing Address 66 CHOATE STREET

City Essex State MA Zip Code 01929

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

Name of Employer PEDIATRIC ASSOCIATES OF GREATER SALF Occupation PRACTICE MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

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

Transaction ID : SA11AI.13180

Amount of Each Receipt this Period
400.00

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

Mailing Address 1 LEIGHTON ST
UNIT 1905

City Cambridge State MA Zip Code 02141

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

Name of Employer THE MCKINNON COMPANY Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13295

Amount of Each Receipt this Period
250.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 30 WILLIAM FAIRFIELD DRIVE

City State Zip Code
WENHAM MA 01984

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.13326

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
JILL MILANO

Mailing Address 41 UNION STREET

City State Zip Code
BOSTON MA 02108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.13529

Amount of Each Receipt this Period
500.00

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

Mailing Address 80 RIDGE ROAD

City State Zip Code
NEW ROCHELLE NY 10804

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

Name of Employer Occupation
GOLDMAN, SACHS & CO. BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.13390

Amount of Each Receipt this Period
500.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANGELA MINCHELLO

Mailing Address 106 13TH STREET
UNIT 219

City CHARLESTOWN State MA Zip Code 02129

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

Name of Employer STUDENT Occupation STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.13271

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1219 MAIN STREET

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer J.P. MORGAN Occupation FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.13524

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 181 LAKE ST.

City BRIGHTON State MA Zip Code 02135

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

Name of Employer METRO REALTY CONSULTANTS Occupation REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.13713

Amount of Each Receipt this Period
 50.00

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

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

3650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PAUL MINIHANE

Mailing Address 181 LAKE ST.

City State Zip Code
BRIGHTON MA 02135

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

Name of Employer Occupation
METRO REALTY CONSULTANTS REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
370.00

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

Transaction ID : SA11AI.13510

Amount of Each Receipt this Period
50.00

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

Mailing Address 181 LAKE ST.

City State Zip Code
BRIGHTON MA 02135

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

Name of Employer Occupation
METRO REALTY CONSULTANTS REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
420.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11AI.12865

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
GARY MOFFIE

Mailing Address 204 DODGE STREET

City State Zip Code
BEVELY MA 01915

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

Name of Employer Occupation
THE REMODELLING COMPANY CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.13716

Amount of Each Receipt this Period
50.00

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 13 W.PARK DR

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
290.00

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

Transaction ID : SA11AI.13155

Amount of Each Receipt this Period
90.00

B. Full Name (Last, First, Middle Initial)
GERARD MOYNIHAN

Mailing Address 25 MARSHALL STREET

City State Zip Code
NORTH READING MA 01864

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

Name of Employer Occupation
MOYNIHAN LUMBER RETAIL LUMBER DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.13794

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
RAYMOND MURANO

Mailing Address 76 JOHNSON ROAD

City State Zip Code
WINCHESTER MA 01890

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

Name of Employer Occupation
SELF-EMPLOYED PODIATRIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 19 / 2014

Transaction ID : SA11AI.13599

Amount of Each Receipt this Period
500.00

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

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

1340.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 13 DUANE DRIVE

City NORTH READING State MA Zip Code 01864

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

Name of Employer READING COOPERATIVE BANK Occupation BANKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.13351

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
RONALD NATH

Mailing Address 6 CABOT STREET

City WINCHESTER State MA Zip Code 01890

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

Name of Employer COMMONWEALTH SURGICAL ASSOCIATES Occupation SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.13055

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
OSWALDO PALOMO

Mailing Address 446 STURGES ROAD

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer ADS VENTURES Occupation SR. VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11AI.13473

Amount of Each Receipt this Period
1000.00

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KAREN PARKER

Mailing Address 111 WEST CONCORD ST REAR

City State Zip Code
BOSTON MA 02118

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

Name of Employer Occupation
OLD BOSTON RESTORATIONS PROPERTY MGT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13734

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. SUSAN LEE PARKER

Mailing Address 24 PARKER RIDGE WAY

City State Zip Code
NESBURYPORT MA 01950

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11AI.13481

Amount of Each Receipt this Period
3.00

C. Full Name (Last, First, Middle Initial)
MS. NANCY PENG

Mailing Address P.O. BOX 80578
4 OGRADY CIR

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
SELF-EMPLOYED GEMOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.13763

Amount of Each Receipt this Period
50.00

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

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

303.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) KEVIN PERELLI		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 802 EAST 3RD STREET		Transaction ID : SA11AI.13491	
City SOUTH BOSTON	State MA	Zip Code 02127	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer WS DEVELOPMENT		Occupation CONSTRUCTION MANAGER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) ANNE PIERCE		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 3542 BAYARD DRIVE		Transaction ID : SA11AI.13257	
City CINCINNATI	State OH	Zip Code 45208	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1500.00	
Name of Employer SELF-EMPLOYED		Occupation AUTHOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) ANTHONY PIETRAFITTA		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 18 MANSION ROAD		Transaction ID : SA11AI.12935	
City WAKEFIELD	State MA	Zip Code 01880	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. SUSAN POLANSKY		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 3 MELODY LANE		Transaction ID : SA11AI.13693	
City LYNNFIELD	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) B. SUSAN POLANSKY		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 3 MELODY LANE		Transaction ID : SA11AI.13694	
City LYNNFIELD	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. STEPHEN POMER		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 387 MAIN STREET		Transaction ID : SA11AI.13437	
City GROVELAND	State MA	Zip Code 01834	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00	
Name of Employer LIFE TECHNOLOGIES	Occupation BIO TECH ENGINEER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 255.00		

SUBTOTAL of Receipts This Page (optional).....	505.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 66 OF 168
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 109 EDMUNDS ROAD

City State Zip Code
WELLESLEY HILLS MA 02481

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.13762

Amount of Each Receipt this Period

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

Mailing Address 42 BENTON CIRCLE

City State Zip Code
READING MA 01867-1509

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.13615

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER M RAGUSA

Mailing Address 278 HIGH STREET

City State Zip Code
NEWBURYPORT MA 01950

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.13818

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 325 OCEAN AVENUE

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer SELF-EMPLOYED Occupation ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13809

Amount of Each Receipt this Period
500.00

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

Mailing Address 153 GARFIELD RD.

City CONCORD State MA Zip Code 01742

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

Name of Employer PUTNAM INVESTMENTS Occupation MONEY MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.13175

Amount of Each Receipt this Period
2600.00

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

Mailing Address PO BOX 176

City WABAN State MA Zip Code 02468

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

Name of Employer HARVARD PILGRIM Occupation ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13755

Amount of Each Receipt this Period
250.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 400 W CUMMINGS PK
SUITE 1725

City WOBURN State MA Zip Code 01801

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

Name of Employer SELF-EMPLOYED Occupation FOREMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13516

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SANDRA ROBSON

Mailing Address 15 COURT LANE

City IPSWICH State MA Zip Code 01938

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

Name of Employer TOPSFIELD TRAVEL Occupation TRAVEL AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
230.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.13552

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
MR. NANCY J ROGERS

Mailing Address 131 FRANKLIN STREET

City STONEHAM State MA Zip Code 02180

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.12931

Amount of Each Receipt this Period
100.00

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

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

670.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. EDWARD ROMBOLI

Mailing Address 31 GILBERT STREET

City MALDEN State MA Zip Code 02148

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

Name of Employer COMMONWEALTH OF MASSACHUSETTS Occupation COURT OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : SA11AI.13839

Amount of Each Receipt this Period
50.00

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

Mailing Address 162 WASHINGTON ST

City BELMONT State MA Zip Code 02478

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

Name of Employer AMERICAN AG ENERGY Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13302

Amount of Each Receipt this Period
500.00

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

Mailing Address 67 ORCHARD LANE

City MELROSE State MA Zip Code 02176

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

Name of Employer D&R PAVING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11AI.12827

Amount of Each Receipt this Period
1000.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) JOHN ROUSH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 35 OLD PLANTERS RD.		Transaction ID : SA11A1.13172
City BEVERLY	State MA	Zip Code 01915
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer GSI GROUP INC.	Occupation CORPORATE EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) JOHN ROUSH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 35 OLD PLANTERS RD.		Transaction ID : SA11A1.13176
City BEVERLY	State MA	Zip Code 01915
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer GSI GROUP INC.	Occupation CORPORATE EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) MR. MICHAEL SACCONI		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address 820 LIVINGSTON ST. STE 10		Transaction ID : SA11A1.12954
City TEWKSBURY	State MA	Zip Code 01876
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer MDR CONSTRUCTION CO.	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
VICTOR SALDANHA

Mailing Address 20 EDGEEMERE RD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer CAMBRIDGE HEALTH ALLIANCE Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
395.00

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

Transaction ID : SA11AI.12940

Amount of Each Receipt this Period
50.00

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

Mailing Address 5 BLACK OAK ROAD

City WAYLAND State MA Zip Code 01778

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

Name of Employer INDUS GROWTH PARTNERS Occupation FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.13444

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RALPH SANTOSUOSSO

Mailing Address 25 ANDREWS ROAD

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer AVED ELECTRONICS Occupation PRESIDENT C.E.O

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
390.00

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

Transaction ID : SA11AI.13523

Amount of Each Receipt this Period
50.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRENDA SCHELZI

Mailing Address 3 SPEARFIELD LN.

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.13829

Amount of Each Receipt this Period
500.00

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

Mailing Address 30 SARAH WAY

City CONCORD State MA Zip Code 01742-3725

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

Name of Employer WAKEFIELD INVESTMENTS, INC. Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13690

Amount of Each Receipt this Period
250.00

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

Mailing Address 38 PHILLIPS BEACH AVE

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer KAPPYS FINE WINE AND SPIRITS Occupation RETAIL ALCOHOL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.13551

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) STEPHEN SHAER		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 1 CHARLES ST. SOUTH #8H		Transaction ID : SA11AI.13401
City BOSTON	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer MUTUAL OIL	Occupation PRINCIPAL	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) BRIAN SHAFFER		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 6 GLEN DR		Transaction ID : SA11AI.13379
City LYNNFIELD	State MA	Zip Code 01940
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00	
Name of Employer LINEAR TECHNOLOGY	Occupation ELECTRICAL ENGINEER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 215.00	

Full Name (Last, First, Middle Initial) ROBERT SHEA		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address DEVONSHIRE RD		Transaction ID : SA11AI.13249
City MIDDLETON	State MA	Zip Code 01949
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer HIPCO	Occupation SALES	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	620.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 74 OF 168
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALAN SHILEPSKY

Mailing Address 19 S 1ST ST
APT B2507

City State Zip Code
MINNEAPOLIS MN 55401

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

Name of Employer Occupation
ALAN SHILEPSKY CONSULTING INC DATABASE PROGRAMMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

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

Transaction ID : SA11AI.13712

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MARY SKATES

Mailing Address 4 BOARDMAN AVE

City State Zip Code
MANCHESTER BY THE SEA MA 01944

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

Name of Employer Occupation
SELF VOLUNTEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.12848

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. RONALD SKATES

Mailing Address 4 BOARDMAN AVENUE

City State Zip Code
MANCHESTER BY THE SEA MA 01944

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

Name of Employer Occupation
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.12847

Amount of Each Receipt this Period
500.00

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

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

1030.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **65 HOLLAND AVENUE**

City **STOUGHTON** State **MA** Zip Code **02072**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **270.00**

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

Transaction ID : SA11AI.13371

Amount of Each Receipt this Period
200.00

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

Mailing Address **4 CLARA COURT**

City **GROVELAND** State **MA** Zip Code **01834**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **330.00**

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

Transaction ID : SA11AI.13699

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
ALLEN SMITH

Mailing Address **65 ALDERBROOK DRIVE**

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

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

Name of Employer **BRIGHAM AND WOMEN'S PHYSICIANS ORG,** Occupation **PHYSICIAN EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **575.00**

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

Transaction ID : SA11AI.13276

Amount of Each Receipt this Period
25.00

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

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

275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 168			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. STEVEN SNIDER

Mailing Address 122 SHORNECLIFFE RD.

City State Zip Code
NEWTON MA 02458

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 20 2014

Transaction ID : SA11AI.13002

Amount of Each Receipt this Period
1000.00

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

Mailing Address 68 PRESTON STREET
UNIT 7F

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
COMMONWEALTH OF MASSACHUSETTS PARALEGAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
678.00

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

Transaction ID : SA11AI.13312

Amount of Each Receipt this Period
178.00

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

Mailing Address 68 PRESTON STREET
UNIT 7F

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
COMMONWEALTH OF MASSACHUSETTS PARALEGAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
728.00

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

Transaction ID : SA11AI.13340

Amount of Each Receipt this Period
50.00

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

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

1228.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DWIGHT STERLING

Mailing Address 3907 WINDOM PLACE, NW

City State Zip Code
WASHINGTON DC 20016

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

Name of Employer Occupation
MULTI MEDIA SERVCIES CORP. ADVERTISING/MEDIA BUYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11Al.13190

Amount of Each Receipt this Period
250.00

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

Mailing Address 17 ANDREW STREET

City State Zip Code
SALEM MA 01970

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

Name of Employer Occupation
TURNER CONSTRUCTION CO PROJECT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11Al.13169

Amount of Each Receipt this Period
500.00

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

Mailing Address 24 LIBERTY STREET

City State Zip Code
ACTON MA 01720

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

Name of Employer Occupation
LIBERTY TREE ADVISORS, LLC CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11Al.13342

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOANNE STPIERRE

Mailing Address 29 NEWCOMB RD

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
MASSPORT AUTHORITY BUDGET DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

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

Transaction ID : SA11AI.13344

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOANNE STPIERRE

Mailing Address 29 NEWCOMB RD

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
MASSPORT AUTHORITY BUDGET DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
525.00

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

Transaction ID : SA11AI.13397

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JOANNE STPIERRE

Mailing Address 29 NEWCOMB RD

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
MASSPORT AUTHORITY BUDGET DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
625.00

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

Transaction ID : SA11AI.13498

Amount of Each Receipt this Period
100.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOANNE STPIERRE

Mailing Address 29 NEWCOMB RD

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
MASSPORT AUTHORITY BUDGET DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
725.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11AI.13185

Amount of Each Receipt this Period
100.00

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

Mailing Address 29 NEWCOMB RD

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
KRAFT FOODS ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
513.00

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

Transaction ID : SA11AI.13310

Amount of Each Receipt this Period
178.00

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

Mailing Address 17 MORGAN AVE

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
230.00

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

Transaction ID : SA11AI.13337

Amount of Each Receipt this Period
50.00

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

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

328.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
EUGENE SULLIVAN

Mailing Address 65 MORRISON RD.

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.13405

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LANDERS SYMES

Mailing Address 4 LEE WAY

City State Zip Code
ROCKPORT MA 01966

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

Name of Employer Occupation
SYMES ASSOCIATES INC DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13728

Amount of Each Receipt this Period
250.00

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

Mailing Address 2110 19TH ST. NW
APT 4

City State Zip Code
WASHINGTON DC 20009

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

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

Transaction ID : SA11AI.13167

Amount of Each Receipt this Period
50.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FREDERICK TARR III

Mailing Address 154 MAIN ST

City State Zip Code
ROCKPORT MA 01966

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11A1.13121

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS W THOMPSON

Mailing Address 18 BAYVIEW AVE

City State Zip Code
BEVERLY MA 01915

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

Name of Employer Occupation
TANNIN CORP PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

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

Transaction ID : SA11A1.13115

Amount of Each Receipt this Period
500.00

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

Mailing Address 1 STONY BROOK RD

City State Zip Code
NORTH CHELMSFORD MA 01863

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS DEVELOPMENT CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11A1.13647

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MIKE TORRISI

Mailing Address 38 HIGH STREET

City ANDOVER State MA Zip Code 01810

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

Name of Employer CSP ASSOCIATES Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

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

Transaction ID : SA11AI.13023

Amount of Each Receipt this Period
150.00

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

Mailing Address 212 POWDERHOUSE BLVD

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer NEWFORMA Occupation PRODUCT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

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

Transaction ID : SA11AI.13224

Amount of Each Receipt this Period
100.00

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

Mailing Address 12 PATRIOT DRIVE

City ANDOVER State MA Zip Code 01810

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

Name of Employer DT VINING COMPANIES Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.13719

Amount of Each Receipt this Period
250.00

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 83 OF 168
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 19 ROCKLAND ST.

City MELROSE State MA Zip Code 02176

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

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

Transaction ID : SA11AI.13452

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
LINDA VON IMHOF

Mailing Address 19 ROCKLAND ST.

City MELROSE State MA Zip Code 02176

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
265.00

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

Transaction ID : SA11AI.13178

Amount of Each Receipt this Period
25.00

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

Mailing Address 609 WILLOW GREEN

City LITITZ State PA Zip Code 17543

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13081

Amount of Each Receipt this Period
250.00

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

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

315.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL WASCOM

Mailing Address 1010 22ND STREET NW

City WASHINGTON State DC Zip Code 20037

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

Name of Employer AMERICAN AIRLINES Occupation MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

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

Transaction ID : SA11AI.13791

Amount of Each Receipt this Period
150.00

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

Mailing Address 4 ORCHARD LANE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.13108

Amount of Each Receipt this Period
100.00

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

Mailing Address 900 LYNNFIELD ST
35

City LYNNFIELD State MA Zip Code 01840

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

Name of Employer RENIER COMPUTATION Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13793

Amount of Each Receipt this Period
250.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. EDITH C. WENDT

Mailing Address **26 CENTER VILLAGE**

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

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

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

Transaction ID : SA11AI.12961

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JEFF WHITTEMORE

Mailing Address **7 TRENEL COVE ROAD**

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

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

Name of Employer **JEFF WHITTEMORE TRANSPORT** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

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

Transaction ID : SA11AI.13177

Amount of Each Receipt this Period
100.00

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

Mailing Address **342 ESSEX ST**

City **SALEM** State **MA** Zip Code **01970**

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

Name of Employer **WILLIAMS AND ASSOCIATES** Occupation **OPINION RESEARCH CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11AI.13676

Amount of Each Receipt this Period
500.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 168
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KATHERINE B WINTER

Mailing Address 118 HUNTINGTON AVE.

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

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

Transaction ID : SA11AI.12967

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MARILYNN YAREMCHUK

Mailing Address 15 SMITH FARM TRL.

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
SELF-EMPLOYED NURSE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.12968

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PATRICIA ZAMMITTI

Mailing Address 123 BUTLER AVE.

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13770

Amount of Each Receipt this Period
250.00

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

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

800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 OF 168
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOSEPH ZUKOWSKI

Mailing Address **36 TOWNLINE ROAD**

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

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

Name of Employer **VERIZON** Occupation **GOVERNMENT AFFAIRS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.13745

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

103789.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 168
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **7575 E FULTON ROAD**
ATTN: SCOTT SMOES 56-3S

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

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.13563

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address **440 FIRST STREET NW**
SUITE 200

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00010421**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.12964

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address **2300 WILSON BLVD.**
SUITE 300

City **ARLINGTON** State **VA** Zip Code **22201**

FEC ID number of contributing federal political committee. **C C00082917**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.13660

Amount of Each Receipt this Period
 2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 168
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAAC)

Mailing Address 1201 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.13828

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
COLE FOR CONGRESS

Mailing Address P.O. BOX 722256

City NORMAN State OK Zip Code 73070

FEC ID number of contributing federal political committee. **C** C00379735

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11C.13001

Amount of Each Receipt this Period
2000.00

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

Mailing Address 82 DEVONSHIRE STREET
N5A

City BOSTON State MA Zip Code 02109

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.12911

Amount of Each Receipt this Period
2000.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 168
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GAY AND LESBIAN VICTORY FUND FEDERAL PAC

Mailing Address 1133 15TH STREET, NW
SUITE 350

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00476978**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

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

Transaction ID : SA11C.13567

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.12909

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
GROUP 1 AUTOMOTIVE INC PAC

Mailing Address 800 GESSNER
SUITE 500

City State Zip Code
HOUSTON TX 77024

FEC ID number of contributing federal political committee. **C C00373837**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11C.12836

Amount of Each Receipt this Period
3000.00

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 91 OF 168
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE COMPANY - PAC

Mailing Address 175 BERKELEY STREET

City State Zip Code
BOSTON MA 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11C.13060

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City State Zip Code
BAKERSFIELD CA 93389

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

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

Transaction ID : SA11C.13025

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
MASSACHUSETTS BANKERS PAC-FEDERAL FUND

Mailing Address ONE WASHINGTON MALL, 8TH FLOOR

City State Zip Code
BOSTON MA 02108

FEC ID number of contributing federal political committee. **C** C00221507

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.13558

Amount of Each Receipt this Period
1000.00

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

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

8500.00

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

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

FOR LINE NUMBER: PAGE 92 OF 168
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 1295 STATE STREET

City State Zip Code
SPRINGFIELD MA 01111

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11C.13832

Amount of Each Receipt this Period
 3000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1600 DUKE STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11C.13048

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code
IRVING TX 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11C.12919

Amount of Each Receipt this Period
 1000.00

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

6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 168
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

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

Transaction ID : SA11C.13020

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
OLYMPIA'S LIST

Mailing Address PO BOX 2012

City State Zip Code
PORTLAND ME 04014

FEC ID number of contributing federal political committee. **C** C00291955

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.13565

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 984

City State Zip Code
WILLOWS CA 95988

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.12834

Amount of Each Receipt this Period
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 168
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)

Mailing Address 7804 EVENING LANE

City ALEXANDRIA State VA Zip Code 22306

FEC ID number of contributing federal political committee. **C** C00363770

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11C.13058

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
PROSPER NEW YORK PAC

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

FEC ID number of contributing federal political committee. **C** C00529149

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

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

Transaction ID : SA11C.13323

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
PROTECT SENIORS NOW

Mailing Address 12201 BLUEGRASS PARKWAY

City LOUISVILLE State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C** C00513713

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

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

Transaction ID : SA11C.13662

Amount of Each Receipt this Period
 2500.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 168
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
REPUBLICAN MAJORITY FOR CHOICE

Mailing Address 1900 L STREET NW
SUITE 614

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00346635

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.13321

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROMNEY FOR PRESIDENT, INC.

Mailing Address C/O RED CURVE SOLUTIONS, LLC
500 CUMMINGS CENTER, SUITE 4400

City BEVERLY State MA Zip Code 01915

FEC ID number of contributing federal political committee. **C** C00431171

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.13822

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
THE JONES COMMITTEE

Mailing Address 249 PARK STREET

City NORTH READING State MA Zip Code 01864

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

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

Transaction ID : SA11C.12928

Amount of Each Receipt this Period
100.00

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

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

3100.00

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

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

FOR LINE NUMBER: PAGE 96 OF 168
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
THERMO FISHER SCIENTIFIC INC. PAC

Mailing Address 81 WYMAN STREET
PO BOX 9046

City State Zip Code
WALTHAM MA 02454

FEC ID number of contributing federal political committee. **C** C00292318

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.12956

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WESTON REPUBLICAN TOWN COMMITTEE

Mailing Address PO BOX 295

City State Zip Code
WESTON MA 02493

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11C.13670

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

1250.00

54850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 168
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NEXT GENERATION LEADERSHIP FUND

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00568287

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1141.72

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 24 / 2014

Transaction ID : SA12.14117

Amount of Each Receipt this Period
 1141.72

JFC TRANSFER: SEE MEMO ATTRIBUTIONS

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

Mailing Address 380 W. WILSON ST
UNIT E105

City COSTA MESA State CA Zip Code 92627

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

Name of Employer Occupation
QBE SENIOR VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

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

Transaction ID : SA12.14117.0

Amount of Each Receipt this Period
 250.00

JFC TRANSFER: NEXT GENERATION LEADERSHIP FUND
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DONALD CAPOCCIA

Mailing Address 330 E. 56TH ST.
APT 1601

City NEW YORK State NY Zip Code 10022

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

Name of Employer Occupation
BFC SECOND AVENUE BUILDERS DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1050.00

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

Transaction ID : SA12.14117.1

Amount of Each Receipt this Period
 1050.00

JFC TRANSFER: NEXT GENERATION LEADERSHIP FUND
[MEMO ITEM]

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

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

1141.72

1141.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 168
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
IMGE LLC

Mailing Address **603 KING STREET**
4TH FLOOR

City **ALEXANDRIA** State **VA** Zip Code **22314**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
3847.50

Date of Receipt
 / /
11 / 12 / 2014

Transaction ID : SA14.14112

Amount of Each Receipt this Period

3847.50

VENDOR REFUND: OVER-PAYMENT

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

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

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

3847.50

3847.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. 1-800-FLOWERS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address ONE OLD COUNTRY ROAD SUITE 500		Amount of Each Disbursement this Period 85.98
City CARLE PLACE	State NY	Zip Code 11514
Purpose of Disbursement AMEX 10/20 CC PAYMENT:FLORAL EXPENSE		Transaction ID : SB17.13970 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. 7-Eleven		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 79 LOWELL ST		Amount of Each Disbursement this Period 2.65
City PEABODY	State MA	Zip Code 01960
Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: FOOD		Transaction ID : SB17.14070 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 410 TERRY AVE N		Amount of Each Disbursement this Period 26.06
City SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES		Transaction ID : SB17.13960 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 410 TERRY AVE N		Amount of Each Disbursement this Period 37.71
City SEATTLE	State WA Zip Code 98109	
Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES		Transaction ID : SB17.13961
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 410 TERRY AVE N		Amount of Each Disbursement this Period 22.04
City SEATTLE	State WA Zip Code 98109	
Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES		Transaction ID : SB17.13962
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 410 TERRY AVE N		Amount of Each Disbursement this Period 8.49
City SEATTLE	State WA Zip Code 98109	
Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES		Transaction ID : SB17.14023
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address PO BOX 1279		Amount of Each Disbursement this Period 8272.39 Transaction ID : SB17.13851
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address PO BOX 1279		Amount of Each Disbursement this Period 144.10 Transaction ID : SB17.14016 [MEMO ITEM]
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement AMEX 10/20 CC PAYMENT: BANK FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address PO BOX 1279		Amount of Each Disbursement this Period 7879.16 Transaction ID : SB17.13852
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16151.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address PO BOX 1279		Amount of Each Disbursement this Period 110.11
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement AMEX 11/20 CC PAYMENT: BANK FEES	Transaction ID : SB17.14071
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS - MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 228.53
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.13853
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 70 QUINCY AVENUE		Amount of Each Disbursement this Period 26.56
City QUINCY	State MA	
Zip Code 02169	Purpose of Disbursement AMEX 10/20 CC PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.14003
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	228.53
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 70 QUINCY AVENUE		Amount of Each Disbursement this Period 26.56
City QUINCY	State MA Zip Code 02169	
Purpose of Disbursement AMEX 11/20 CC PAYMENT:MOBILE PHONE EXPENSE		Transaction ID : SB17.14054
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 70 QUINCY AVENUE		Amount of Each Disbursement this Period 26.56
City QUINCY	State MA Zip Code 02169	
Purpose of Disbursement AMEX 11/20 CC PAYMENT:MOBILE PHONE EXPENSE		Transaction ID : SB17.14085
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. AUGUSTA MARKET		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 599 BOSTON RD		Amount of Each Disbursement this Period 10.72
City BILLERICA	State MA Zip Code 01821	
Purpose of Disbursement AMEX 10/20 CC PAYMENT:FACILITY RENTAL/CATERING SERVICES		Transaction ID : SB17.14006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 168			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 130.80 Transaction ID : SB17.13856
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 25.45 Transaction ID : SB17.13857
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.80 Transaction ID : SB17.13858
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	192.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. BAYSTATE OFFICE FURNITURE		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 250 CANAL STREET		Amount of Each Disbursement this Period 950.00
City LAWRENCE	State MA	
Zip Code 01840		Transaction ID : SB17.13982
Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE FURNITURE		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 225 NORTH MICHIGAN AVENUE		Amount of Each Disbursement this Period 741.44
City CHICAGO	State IL	
Zip Code 60601		Transaction ID : SB17.13860
Purpose of Disbursement INSURANCE		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. BOSTON COACH		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 69 NORMAN STREET		Amount of Each Disbursement this Period 132.07
City EVERETT	State MA	
Zip Code 02149		Transaction ID : SB17.14040
Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: GROUND TRANSPORTATION		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	741.44
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 106 OF 168			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. BROTHERS KOUZINA		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 25 NEWBURY ST		Amount of Each Disbursement this Period 18.98
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: FOOD	Transaction ID : SB17.14084
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITAL HILTON		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1001 16TH ST NW		Amount of Each Disbursement this Period 1658.26
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement AMEX 10/20 CC PAYMENT:FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.14005
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITAL RESOURCES, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 109 WEST FRONT ST. PO BOX 257		Amount of Each Disbursement this Period 1727.16
City BROOKLYN	State IA	
Zip Code 52211	Purpose of Disbursement TELEMARKETING CONSULTING	Transaction ID : SB17.13862
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1727.16
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 107 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CARHARTT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 120 MARKET ST		Amount of Each Disbursement this Period 7.99
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14063 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	Transaction ID : SB17.13863
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	Transaction ID : SB17.13864
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.13865
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.13866
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.13867
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.13868
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 154.40 Transaction ID : SB17.13869
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHUNG KING RICK'S CAFE		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 446 BOSTON RD		Amount of Each Disbursement this Period 342.20 Transaction ID : SB17.14008 [MEMO ITEM]
City BILLERICA State MA Zip Code 01821	Purpose of Disbursement AMEX 10/20 CC PAYMENT:FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	169.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CLARK HILL P.L.C.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 600 PENNSYLVANIA AVENUE NW NORTH BUILDING, SUITE 1000		Amount of Each Disbursement this Period 4664.00 Transaction ID : SB17.13886
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO BOX 1577		Amount of Each Disbursement this Period 165.33 Transaction ID : SB17.13887
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement BROADBAND SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COMPETITIVE EDGE		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 3500 109TH STREET		Amount of Each Disbursement this Period 641.24 Transaction ID : SB17.13888
City DES MOINES State IA Zip Code 50322	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5470.57
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 111 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ANDREA CRUPI		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 450 BROOKSIDE DRIVE, UNIT E		Amount of Each Disbursement this Period 6200.00 Transaction ID : SB17.13854
City ANDOVER State MA Zip Code 01810	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANDREA CRUPI		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 450 BROOKSIDE DRIVE, UNIT E		Amount of Each Disbursement this Period 444.80 Transaction ID : SB17.13855
City ANDOVER State MA Zip Code 01810	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CVS PHARMACY		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 29.75 Transaction ID : SB17.13958 [MEMO ITEM]
City PEABODY State MA Zip Code 01960	Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6644.80
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 112 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. DAPA RESEARCH INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address ONE CENTRAL ROAD		Amount of Each Disbursement this Period 5850.00 Transaction ID : SB17.13889
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement POLLING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DONOVAN'S LIQUORS		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 449 BROADWAY ST		Amount of Each Disbursement this Period 29.17 Transaction ID : SB17.13882
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement CATERING SERVICES	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DUNKIN' DONUTS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 527 LOWELL ST		Amount of Each Disbursement this Period 26.54 Transaction ID : SB17.13874
City PEABODY State MA Zip Code 01960	Purpose of Disbursement CATERING SERVICES	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5850.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 168			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. DUNKIN' DONUTS		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 527 LOWELL ST		Amount of Each Disbursement this Period 4.15
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement TRAVEL: FOOD	Transaction ID : SB17.13880
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 41 ENON ST		Amount of Each Disbursement this Period 3.62
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement AMEX 10/20 CC PAYMENT:TRAVEL: FOOD	Transaction ID : SB17.13977
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 41 ENON ST		Amount of Each Disbursement this Period 21.09
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: FOOD	Transaction ID : SB17.14102
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1036.26
City AUBURN State MA Zip Code 01501	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAX	Candidate Name	Transaction ID : SB17.13894
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1036.26
City AUBURN State MA Zip Code 01501	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAX	Candidate Name	Transaction ID : SB17.13900
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 8 BROADWAY		Amount of Each Disbursement this Period 50.88
City LYNNFIELD State MA Zip Code 01940	Category/Type	
Purpose of Disbursement AMEX 10/20 CC PAYMENT:TRAVEL: FUEL	Candidate Name	Transaction ID : SB17.13985 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2072.52
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 115 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 8 BROADWAY		Amount of Each Disbursement this Period 41.34
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement AMEX 10/20 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.13992
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 8 BROADWAY		Amount of Each Disbursement this Period 45.05
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement AMEX 10/20 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.14014
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 8 BROADWAY		Amount of Each Disbursement this Period 51.39
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.14021
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 168			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. EZ DISPOSAL SERVICE INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 20 RAILROAD STREET		Amount of Each Disbursement this Period 95.00
City REVERE State MA Zip Code 02151	Purpose of Disbursement WASTE COLLECTION SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.13906
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. EZ DISPOSAL SERVICE INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 20 RAILROAD STREET		Amount of Each Disbursement this Period 740.00
City REVERE State MA Zip Code 02151	Purpose of Disbursement WASTE REMOVAL SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.14122
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. PAUL J FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 182 NEWBURY ST		Amount of Each Disbursement this Period 316.03
City PEABODY State MA Zip Code 01960	Purpose of Disbursement TRAVEL: MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.13920
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1151.03
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 117 OF 168			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.13895
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.13901
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. GATEWAY REALTY TRUST		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 239 WESTERN AVE		Amount of Each Disbursement this Period 154.65 Transaction ID : SB17.13907
City ESSEX	State MA	
Zip Code 01929	Purpose of Disbursement RENT & UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3654.65
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 118 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 113.21
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 10/20 CC PAYMENT:ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.13971
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 9.99
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 10/20 CC PAYMENT:ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.14001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 120.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 11/20 CC PAYMENT:ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.14022
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 1.99
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 11/20 CC PAYMENT:ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.14051 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 9.99
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 11/20 CC PAYMENT:ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.14053 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 120.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 11/20 CC PAYMENT:ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.14104 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.13902
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GRIDIRON COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 3903 PORTAGE ROAD SUITE C #262		Amount of Each Disbursement this Period 4350.00 Transaction ID : SB17.13908
City SOUTH BEND	State IN	
Zip Code 46628	Purpose of Disbursement PRINTING & DESIGN EXPENSE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 90.65 Transaction ID : SB17.14059 [MEMO ITEM]
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 19.24
City PEABODY State MA Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14061 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 18.36
City PEABODY State MA Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14092 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 20.93
City PEABODY State MA Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14099 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. HESS EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 545 LOWELL ST		Amount of Each Disbursement this Period 100.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 10/20 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.13963
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. HESS EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 545 LOWELL ST		Amount of Each Disbursement this Period 30.02
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 10/20 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.13964
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. HESS EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 545 LOWELL ST		Amount of Each Disbursement this Period 45.01
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: FUEL	Transaction ID : SB17.14098
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. HUDSON NEWS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1 HARBORSIDE DRIVE		Amount of Each Disbursement this Period 10.49
City BOSTON	State MA Zip Code 02128	
Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES		Transaction ID : SB17.14029
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. IMGE LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 603 KING STREET 4TH FLOOR		Amount of Each Disbursement this Period 2799.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement DIGITAL CONSULTING		Transaction ID : SB17.13909
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. IMGE LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 603 KING STREET 4TH FLOOR		Amount of Each Disbursement this Period 5601.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement DIGITAL CONSULTING		Transaction ID : SB17.13910
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. IMGE LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 603 KING STREET 4TH FLOOR		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.13911
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement DIGITAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. IMGE LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 603 KING STREET 4TH FLOOR		Amount of Each Disbursement this Period 299.00 Transaction ID : SB17.13912
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement SOFTWARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JETBLUE AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 118-29 QUEENS BLVD		Amount of Each Disbursement this Period 537.98 Transaction ID : SB17.13998 [MEMO ITEM]
City FOREST HILLS State NY Zip Code 11375	Purpose of Disbursement AMEX 10/20 CC PAYMENT:TRAVEL: AIR	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4299.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. J PACE & SON INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 190 MAIN ST		Amount of Each Disbursement this Period 66.12
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 10/20 CC PAYMENT:MEETING EXPENSE: MEAL	
Candidate Name	Category/Type	Transaction ID : SB17.14013 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. KELLEY'S SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 336 HIGH ST		Amount of Each Disbursement this Period 45.00
City NEWBURYPORT State MA Zip Code 01950	Purpose of Disbursement AMEX 10/20 CC PAYMENT:TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.13969 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ASHLEY KORB		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.13897
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ASHLEY KORB		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.13903
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LANDSDOWN GARAGE		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 49 LANDSDOWNE ST		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.13884 [MEMO ITEM]
City BOSTON	State MA	
Zip Code 02215	Purpose of Disbursement PARKING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. LIFE ALIVE		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 281 ESSEX ST		Amount of Each Disbursement this Period 39.18 Transaction ID : SB17.13954 [MEMO ITEM]
City SALEM	State MA	
Zip Code 01970	Purpose of Disbursement AMEX 10/20 CC PAYMENT:MEETING EXPENSE: MEAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MARBLEHEAD TENT		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 5 BANK COURT GROUND FLOOR		Amount of Each Disbursement this Period 106.00
City MARBELHEAD State MA Zip Code 01945	Transaction ID : SB17.13979	
Purpose of Disbursement AMEX 10/20 CC PAYMENT:EQUIPMENT RENTAL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. MARBLEHEAD TENT		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 5 BANK COURT GROUND FLOOR		Amount of Each Disbursement this Period 106.50
City MARBELHEAD State MA Zip Code 01945	Transaction ID : SB17.14009	
Purpose of Disbursement AMEX 10/20 CC PAYMENT:EQUIPMENT RENTAL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. MARBLEHEAD TENT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 5 BANK COURT GROUND FLOOR		Amount of Each Disbursement this Period 395.78
City MARBELHEAD State MA Zip Code 01945	Transaction ID : SB17.14077	
Purpose of Disbursement AMEX 11/20 CC PAYMENT:EQUIPMENT RENTAL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MARBLEHEAD TENT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 5 BANK COURT GROUND FLOOR		Amount of Each Disbursement this Period 1883.28
City MARBELHEAD State MA Zip Code 01945	Category/Type	
Purpose of Disbursement AMEX 11/20 CC PAYMENT:EQUIPMENT RENTAL		Transaction ID : SB17.14103
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MARBLEHEAD TENT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 5 BANK COURT GROUND FLOOR		Amount of Each Disbursement this Period 159.38
City MARBELHEAD State MA Zip Code 01945	Category/Type	
Purpose of Disbursement AMEX 11/20 CC PAYMENT:EQUIPMENT RENTAL		Transaction ID : SB17.14107
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 133 MAIN ST		Amount of Each Disbursement this Period 1.70
City PEABODY State MA Zip Code 01960	Category/Type	
Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: FOOD		Transaction ID : SB17.14096
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 133 MAIN ST		Amount of Each Disbursement this Period 13.98
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: FOOD	Transaction ID : SB17.14097
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MISTER G'S PIZZA		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 474 LOWELL ST		Amount of Each Disbursement this Period 51.63
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 10/20 CC PAYMENT:MEETING EXPENSE: MEAL	Transaction ID : SB17.13991
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MISTER G'S PIZZA		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 474 LOWELL ST		Amount of Each Disbursement this Period 31.35
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:MEETING EXPENSE: MEAL	Transaction ID : SB17.14093
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MISTER G'S PIZZA		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 474 LOWELL ST		Amount of Each Disbursement this Period 96.11
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:MEETING EXPENSE: MEAL	Transaction ID : SB17.14100 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MYCOMMERCE		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 10380 BREN RD W		Amount of Each Disbursement this Period 45.64
City MINNETONKA	State MN	
Zip Code 55343	Purpose of Disbursement AMEX 11/20 CC PAYMENT:MERCHANT FEE	Transaction ID : SB17.14047 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Transaction ID : SB17.13898
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.13904
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NORTH OF BOSTON MEDIA GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99 Transaction ID : SB17.13980 [MEMO ITEM]
City NORTH ANDOVER	State MA	
Zip Code 01845	Purpose of Disbursement AMEX 10/20 CC PAYMENT:ONLINE ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NORTH OF BOSTON MEDIA GROUP		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99 Transaction ID : SB17.14036 [MEMO ITEM]
City NORTH ANDOVER	State MA	
Zip Code 01845	Purpose of Disbursement AMEX 11/20 CC PAYMENT:ONLINE ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. NORTH OF BOSTON MEDIA GROUP		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99
City NORTH ANDOVER State MA Zip Code 01845	Purpose of Disbursement AMEX 11/20 CC PAYMENT:ONLINE ADVERTISING	
Candidate Name		Transaction ID : SB17.14106 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PANERA BREAD		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 430 MARKET STREET		Amount of Each Disbursement this Period 11.33
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement AMEX 10/20 CC PAYMENT:FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Transaction ID : SB17.13996 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PARTY CITY		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 300 ANDOVER ST		Amount of Each Disbursement this Period 117.67
City PEABODY State MA Zip Code 01960	Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.13988 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 134 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PEABODY MUNICIPAL LIGHT PLANT			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 201 WARREN STREET EXT			Amount of Each Disbursement this Period 164.08	
City PEABODY	State MA	Zip Code 01960	Transaction ID : SB17.13921	
Purpose of Disbursement UTILITIES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. PEABODY MUNICIPAL LIGHT PLANT			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 201 WARREN STREET EXT			Amount of Each Disbursement this Period 231.73	
City PEABODY	State MA	Zip Code 01960	Transaction ID : SB17.13922	
Purpose of Disbursement UTILITIES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. PRINCE PIZZERIA			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014	
Mailing Address 517 BROADWAY			Amount of Each Disbursement this Period 30.50	
City SAUGUS	State MA	Zip Code 01906	Transaction ID : SB17.14045	
Purpose of Disbursement AMEX 11/20 CC PAYMENT:MEETING EXPENSE: MEAL		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	395.81
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 135 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. QUICK & CLEAN SYSTEMS INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 590 MAIN ST		Amount of Each Disbursement this Period 36.24
City WAKEFIELD	State MA	
Zip Code 01880	Purpose of Disbursement AMEX 10/20 CC PAYMENT:CLEANING SERVICES	Transaction ID : SB17.13967
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2418.65
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.13923
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2082.81
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.13924
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4501.46
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 136 OF 168			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. JAMES ROCKAS			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 10 MIRABEAU LANE			Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.13913
City LYNNFIELD	State MA	Zip Code 01940	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. JAMES ROCKAS			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 10 MIRABEAU LANE			Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.13914
City LYNNFIELD	State MA	Zip Code 01940	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. JAMES ROCKAS			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 10 MIRABEAU LANE			Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.13915
City LYNNFIELD	State MA	Zip Code 01940	
Purpose of Disbursement PAYROLL		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. SALEM WATERFRONT HOTEL & MARINA		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 225 DERBY ST		Amount of Each Disbursement this Period 1770.00
City SALEM State MA Zip Code 01970	Purpose of Disbursement AMEX 10/20 CC PAYMENT:FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.13994 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SHERATON COLUMBIA DOWNTOWN HOTEL		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1400 MAIN ST		Amount of Each Disbursement this Period 235.55
City COLUMBIA State SC Zip Code 29201	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.14033 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SMART MEDIA GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1427 LESLIE AVENUE SUITE 100		Amount of Each Disbursement this Period 425675.00
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	Transaction ID : SB17.13925
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	425675.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. SMART MEDIA GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1427 LESLIE AVENUE SUITE 100		Amount of Each Disbursement this Period 203461.50 Transaction ID : SB17.13926
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement PLACED MEDIA	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SMART MEDIA GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1427 LESLIE AVENUE SUITE 100		Amount of Each Disbursement this Period 92000.00 Transaction ID : SB17.13927
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement PLACED MEDIA	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SMART MEDIA GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1427 LESLIE AVENUE SUITE 100		Amount of Each Disbursement this Period 32405.00 Transaction ID : SB17.13928
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement PLACED MEDIA	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	327866.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. SOMETHING ELSE STRATEGIES

Mailing Address 212 GOLDEN WILLOW COURT

City EASLEY State SC Zip Code 29642

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.13929

Category/Type

Full Name (Last, First, Middle Initial)
B. STAPLES

Mailing Address 301 NEWBURY STREET

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 20 / 2014

Amount of Each Disbursement this Period: 68.17

Transaction ID : SB17.13983

[MEMO ITEM]

Category/Type

Full Name (Last, First, Middle Initial)
C. STAPLES

Mailing Address 301 NEWBURY STREET

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 20 / 2014

Amount of Each Disbursement this Period: 39.93

Transaction ID : SB17.14034

[MEMO ITEM]

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 3000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. STAPLES

Mailing Address 301 NEWBURY STREET

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 11.14

Transaction ID : SB17.14050

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. STAPLES

Mailing Address 301 NEWBURY STREET

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 26.84

Transaction ID : SB17.14055

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. STAPLES

Mailing Address 301 NEWBURY STREET

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 33.96

Transaction ID : SB17.14075

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. STAPLES

Mailing Address 301 NEWBURY STREET

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 3.18

Transaction ID : SB17.14094

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. STOP & SHOP

Mailing Address 301 NEWBURY ST,

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 10/20 CC PAYMENT:TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 10 / 20 / 2014

Amount of Each Disbursement this Period 22.67

Transaction ID : SB17.14011

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. STOP & SHOP

Mailing Address 301 NEWBURY ST,

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 17.83

Transaction ID : SB17.14078

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STOP & SHOP		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 301 NEWBURY ST,		Amount of Each Disbursement this Period 43.14
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.14079 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 1222.22
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.13930
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 117.95
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.13931
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1340.17
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 143 OF 168			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 120.86		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13932		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 212.42		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13933		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 817.87		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13934		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1151.15
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 144 OF 168			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 99.05		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13935		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 597.54		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13936		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 306.12		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13937		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1002.71
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 145 OF 168			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 0.67 Transaction ID : SB17.13938
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 656.45 Transaction ID : SB17.13939
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 745.69 Transaction ID : SB17.13940
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1402.81
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 146 OF 168			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 914.74	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13941	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 260.58	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13942	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 530.31	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13943	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1705.63
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 526.56 Transaction ID : SB17.13944
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 561.27 Transaction ID : SB17.13946
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.13899
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3087.83
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 148 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.13905
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. TARGET		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 240 Independence Way		Amount of Each Disbursement this Period 49.87 Transaction ID : SB17.13876
City Danvers	State MA	
Zip Code 01923	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. TARGET		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 151.90 Transaction ID : SB17.14015
City DANVERS	State MA	
Zip Code 01923	Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. TARGET

Mailing Address 240 INDEPENDENCE WAY

City DANVERS State MA Zip Code 01923

Purpose of Disbursement
AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 20 / 2014

Amount of Each Disbursement this Period
70.08

Transaction ID : SB17.14035

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. THE BEDFORD CHAMBER OF COMMERCE

Mailing Address 12 MUDGE WAY

City BEDFORD State MA Zip Code 01730

Purpose of Disbursement
AMEX 11/20 CC PAYMENT:EVENT REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 20 / 2014

Amount of Each Disbursement this Period
80.00

Transaction ID : SB17.14089

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. THE BEDFORD CHAMBER OF COMMERCE

Mailing Address 12 MUDGE WAY

City BEDFORD State MA Zip Code 01730

Purpose of Disbursement
AMEX 11/20 CC PAYMENT:EVENT REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 20 / 2014

Amount of Each Disbursement this Period
40.00

Transaction ID : SB17.14090

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 168			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE CATALYST GROUP RW, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.13947
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement TECHNOLOGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE CATALYST GROUP RW, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.13948
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement TECHNOLOGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE CATALYST GROUP RW, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.14116
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. THE CLUBS AT CHARLES RIVER PARK

Mailing Address 10 WHITTIER PL

City BOSTON State MA Zip Code 02114

Purpose of Disbursement AMEX 11/20 CC PAYMENT:REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 20 / 2014

Amount of Each Disbursement this Period: 21.00

Transaction ID : SB17.14043

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. THE HOME DEPOT

Mailing Address 235 INDEPENDENCE WAY

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 20 / 2014

Amount of Each Disbursement this Period: 31.39

Transaction ID : SB17.13973

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. THE HOME DEPOT

Mailing Address 235 INDEPENDENCE WAY

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 20 / 2014

Amount of Each Disbursement this Period: 51.63

Transaction ID : SB17.13974

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 152 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 15.86
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.13975 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 194.30
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.13986 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 19.44
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.13989 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 153 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 15.90
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 10/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.13997 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 21.17
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14039 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 35.27
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14044 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 154 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 30.17
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14048 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 19.07
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14049 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 10.62
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14068 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 155 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 33.00
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14091 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 28.39
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14101 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 235 INDEPENDENCE WAY		Amount of Each Disbursement this Period 16.87
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.14105 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 156 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE TARRANCE GROUP, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 201 N. UNION ST., SUITE 410		Amount of Each Disbursement this Period 14661.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING	
Candidate Name	Category/Type	Transaction ID : SB17.13950
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE TARRANCE GROUP, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 201 N. UNION ST., SUITE 410		Amount of Each Disbursement this Period 8395.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement POLLING	
Candidate Name	Category/Type	Transaction ID : SB17.13951
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THRIFTCO PRINTING		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 26 HOWLEY STREET		Amount of Each Disbursement this Period 871.04
City PEABODY State MA Zip Code 01960	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.13952
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	23927.04
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 157 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. TLF PARKER FLORIST		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 9 LINCOLN STREET		Amount of Each Disbursement this Period 49.19
City WAKEFIELD	State MA	
Zip Code 01880	Purpose of Disbursement AMEX 11/20 CC PAYMENT:FLORAL EXPENSE	Transaction ID : SB17.14018 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TLF PARKER FLORIST		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 9 LINCOLN STREET		Amount of Each Disbursement this Period 49.50
City WAKEFIELD	State MA	
Zip Code 01880	Purpose of Disbursement AMEX 11/20 CC PAYMENT:FLORAL EXPENSE	Transaction ID : SB17.14024 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TOPSFIELD FAIR		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 207 BOSTON ST		Amount of Each Disbursement this Period 44.00
City TOPSFIELD	State MA	
Zip Code 01983	Purpose of Disbursement AMEX 11/20 CC PAYMENT:EVENT REGISTRATION FEE	Transaction ID : SB17.14038 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 158 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 621.20
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: AIR	Transaction ID : SB17.14020
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 26.00
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: AIR	Transaction ID : SB17.14025
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 49.00
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: AIR	Transaction ID : SB17.14026
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 159 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 20 / 2014

Amount of Each Disbursement this Period: 583.70

Transaction ID : SB17.14027

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. USPS

Mailing Address 4 ESSEX CENTER DR

City PEABODY State MA Zip Code 01960

Purpose of Disbursement AMEX 10/20 CC PAYMENT:POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 20 / 2014

Amount of Each Disbursement this Period: 196.00

Transaction ID : SB17.13956

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. USPS

Mailing Address 4 ESSEX CENTER DR

City PEABODY State MA Zip Code 01960

Purpose of Disbursement AMEX 10/20 CC PAYMENT:POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 20 / 2014

Amount of Each Disbursement this Period: 238.00

Transaction ID : SB17.13965

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 245.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 10/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.13984
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 147.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 10/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.13999
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 245.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 10/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.14000
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 161 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 122.50
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.14017
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 98.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.14019
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 392.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.14041
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 162 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 246.47
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.14052
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 245.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.14060
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 122.50
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.14076
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 163 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 49.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.14080
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 49.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.14081
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4 ESSEX CENTER DR		Amount of Each Disbursement this Period 24.50
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 11/20 CC PAYMENT:POSTAGE	Transaction ID : SB17.14082
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 164 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. V.I.P CAB COMPANY		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 6400 N Main St		Amount of Each Disbursement this Period 22.25
City COLUMBIA State SC Zip Code 29203	Purpose of Disbursement AMEX 11/20 CC PAYMENT:TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14031 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. VERC ENTERPRISES		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 8 BROADWAY		Amount of Each Disbursement this Period 38.71
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement AMEX 11/20 CC PAYMENT:CLEANING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.14057 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. VIRGIN MOBILE		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 10 INDEPENDENCE BLVD		Amount of Each Disbursement this Period 31.88
City WARREN State NJ Zip Code 07059	Purpose of Disbursement AMEX 11/20 CC PAYMENT:MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.14065 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 165 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. VIRGIN MOBILE

Mailing Address 10 INDEPENDENCE BLVD

City WARREN State NJ Zip Code 07059

Purpose of Disbursement AMEX 11/20 CC PAYMENT:MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 31.88

Transaction ID : SB17.14066

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. VIRGIN MOBILE

Mailing Address 10 INDEPENDENCE BLVD

City WARREN State NJ Zip Code 07059

Purpose of Disbursement AMEX 11/20 CC PAYMENT:MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 31.88

Transaction ID : SB17.14067

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. VIRGIN MOBILE

Mailing Address 10 INDEPENDENCE BLVD

City WARREN State NJ Zip Code 07059

Purpose of Disbursement AMEX 11/20 CC PAYMENT:MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 31.88

Transaction ID : SB17.14072

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 166 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. VIRGIN MOBILE

Mailing Address 10 INDEPENDENCE BLVD

City WARREN State NJ Zip Code 07059

Purpose of Disbursement AMEX 11/20 CC PAYMENT:MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 31.88

Transaction ID : SB17.14073

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. VIRGIN MOBILE

Mailing Address 10 INDEPENDENCE BLVD

City WARREN State NJ Zip Code 07059

Purpose of Disbursement AMEX 11/20 CC PAYMENT:MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 31.88

Transaction ID : SB17.14074

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. WAL-MART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement AMEX 11/20 CC PAYMENT:OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 20 / 2014

Amount of Each Disbursement this Period 5.72

Transaction ID : SB17.14087

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 167 OF 168	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. WALGREENS		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 59 BOSTON ST		Amount of Each Disbursement this Period 20.19
City SALEM State MA Zip Code 01970	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.13879 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. YARD HOUSE		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 340 MARKET ST		Amount of Each Disbursement this Period 470.20
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement AMEX 11/20 CC PAYMENT:FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Transaction ID : SB17.14109 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Transaction ID : [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	885983.81

**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 168 OF 168			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. DIBIASE HOMES		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address PO BOX 780		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.13892
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. DRAKE CABINET AND SUPPLIES LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 401R LOWELL ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.13893
City LEXINGTON	State MA	
Zip Code 02420	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. JOHN KIDD		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 118 MAIN STREET		Amount of Each Disbursement this Period 350.00 Transaction ID : SB20A.13917
City TOPSFIELD	State MA	
Zip Code 01983	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	1100.00