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

SAM SUTTER FOR CONGRESS

ADDRESS (number and street) ▼ PO BOX 3013

☐ Check if different than previously reported. (ACC)

CITY ▲ WESTPORT STATE ▲ MA ZIP CODE ▲ 02790 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00509117

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

STATE ▼ MA DISTRICT 09

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period 10 / 01 / 2012 through 12 / 31 / 2012

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 Gemma W Martin

Signature of Treasurer *Gemma W Martin* ***[Electronically Filed]*** Date 06 / 21 / 2013

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

Office Use Only							

FEC **Form 3** (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
SAM SUTTER FOR CONGRESS

Report Covering the Period: From: 10 / 01 / 2012 To: 12 / 31 / 2012

	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))	1310.00	285085.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1310.00	284585.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10823.25	290483.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	228.77	228.77
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10594.48	290254.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2580.54	
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)	60956.37	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

SAM SUTTER FOR CONGRESS

Report Covering the Period: From: MM 10 / DD 01 / YYYY 2012 To: MM 12 / DD 31 / YYYY 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	1300.00	226808.00
(ii) Unitemized	10.00	56952.00
(iii) TOTAL of contributions from individuals ▶	1310.00	283760.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	825.00
(d) The Candidate	0.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1310.00	285085.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	8500.00	8500.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	8500.00	8500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	228.77	228.77
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	10038.77	293813.77

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3** (Revised 02/2003)

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	10823.25	290483.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	250.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	10823.25	291233.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	3365.02
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	10038.77
25. SUBTOTAL (add Line 23 and Line 24)	13403.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	10823.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	2580.54

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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)
SAM SUTTER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): Lisa Kaminski
Mailing Address: 199 Stewart St
City: Fall River State: MA Zip Code: 02720-3927
FEC ID number of contributing federal political committee: C
Name of Employer: Bristol County DA
Occupation: Chief of Staff
Receipt For: 2012
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 490.00
Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2012
Transaction ID : SA11AI.6936
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial): James D. McKenna
Mailing Address: 78 Roland Baxter Rd
City: No. Attleborough State: MA Zip Code: 02760
FEC ID number of contributing federal political committee: C
Name of Employer: McKenna & McKenna PC
Occupation: Attorney
Receipt For: 2012
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: M M 12 / D D 11 / Y Y Y Y 2012
Transaction ID : SA11AI.6940
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial): James D. McKenna
Mailing Address: 78 Roland Baxter Rd
City: No. Attleborough State: MA Zip Code: 02760
FEC ID number of contributing federal political committee: C
Name of Employer: McKenna & McKenna PC
Occupation: Attorney
Receipt For: 2012
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1200.00
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2012
Transaction ID : SA11AI.6941
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) 600.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
SAM SUTTER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): Louis Pacheco
Mailing Address: 143 Warren St
City: Raynham State: MA Zip Code: 02767
FEC ID number of contributing federal political committee: C
Name of Employer: Bristol County DA
Occupation: Investigator
Receipt For: 2012
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 300.00
Date of Receipt: 10 / 24 / 2012
Transaction ID : SA11AI.6935
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial): Lisa A. Rowell
Mailing Address: 61 Vinebrook Rd
City: Plymouth State: MA Zip Code: 02360
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed
Occupation: None
Receipt For: 2012
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1380.00
Date of Receipt: 11 / 01 / 2012
Transaction ID : SA11AI.6937
Amount of Each Receipt this Period: 500.00
Earmarked through ActBlue

C.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: P.O. BOX 382110
City: CAMBRIDGE State: MA Zip Code: 02238
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2012
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4360.00
Date of Receipt: 11 / 01 / 2012
Transaction ID : SA11AI.6937.0
Amount of Each Receipt this Period: 500.00
Earmarked through PAC-PAC limit not affected
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) 700.00

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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
SAM SUTTER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): C SAMUEL SUTTER
Mailing Address: 259 DEXTER ST
City: FALL RIVER State: MA Zip Code: 02702
FEC ID number of contributing federal political committee: C H2MA09171
Name of Employer: Bristol County
Occupation: District Attorney
Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 11 / 14 / 2012
Transaction ID : SA13A.6943
Amount of Each Receipt this Period: 3500.00

B.
Full Name (Last, First, Middle Initial): C SAMUEL SUTTER
Mailing Address: 259 DEXTER ST
City: FALL RIVER State: MA Zip Code: 02702
FEC ID number of contributing federal political committee: C H2MA09171
Name of Employer: Bristol County
Occupation: District Attorney
Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 9000.00

Date of Receipt: 12 / 13 / 2012
Transaction ID : SA13A.6944
Amount of Each Receipt this Period: 5000.00

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) 8500.00

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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
SAM SUTTER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): Comcast
Mailing Address: PO Box 1577
City: Newark State: NJ Zip Code: 07101-1577
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 228.77
Date of Receipt: 12 / 05 / 2012
Transaction ID : SA14.6942
Amount of Each Receipt this Period: 228.77
Refund of overpayment

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 228.77

TOTAL This Period (last page this line number only) 228.77

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial): ActBlue
Mailing Address: 14 Arrow St, Ste 11
City: Cambridge State: MA Zip Code: 02138
Purpose of Disbursement: Credit card processing fee expense
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 01 / 2012
Amount of Each Disbursement this Period: 19.75
Transaction ID : SB17.6945

B. Full Name (Last, First, Middle Initial): ADP
Mailing Address: 504 Clinton Center Dr Ste 4400
City: Clinton State: MS Zip Code: 39056-5610
Purpose of Disbursement: Payroll Expense
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 05 / 2012
Amount of Each Disbursement this Period: 49.98
Transaction ID : SB17.6923

C. Full Name (Last, First, Middle Initial): ADP
Mailing Address: 504 Clinton Center Dr Ste 4400
City: Clinton State: MS Zip Code: 39056-5610
Purpose of Disbursement: Payroll expense
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 12 / 2012
Amount of Each Disbursement this Period: 49.98
Transaction ID : SB17.6951

SUBTOTAL of Disbursements This Page (optional) 119.71

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial): ADP
Mailing Address: 504 Clinton Center Dr Ste 4400
City: Clinton State: MS Zip Code: 39056-5610
Purpose of Disbursement: Payroll expense
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 26 / Y Y Y Y 2012
Amount of Each Disbursement this Period: 67.10
Transaction ID : SB17.6927

B. Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 1270
City: Newark State: NJ Zip Code: 07101-1270
Purpose of Disbursement: Debt payment
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 15 / Y Y Y Y 2012
Amount of Each Disbursement this Period: 3180.00
Transaction ID : SB17.6932

C. Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 1270
City: Newark State: NJ Zip Code: 07101-1270
Purpose of Disbursement: Debt payment
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 11 / D D 16 / Y Y Y Y 2012
Amount of Each Disbursement this Period: 3180.00
Transaction ID : SB17.6933

SUBTOTAL of Disbursements This Page (optional) 6427.10

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial): American Express
Mailing Address: PO Box 1270
City: Newark State: NJ Zip Code: 07101-1270
Purpose of Disbursement: Debt payment
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 17 / 2012
Amount of Each Disbursement this Period: 3180.00
Transaction ID : SB17.6934

B. Full Name (Last, First, Middle Initial): Citizens Bank
Mailing Address: PO Box 789
City: Providence State: RI Zip Code: 02901-0789
Purpose of Disbursement: Fees expense
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 24 / 2012
Amount of Each Disbursement this Period: 39.00
Transaction ID : SB17.6926

C. Full Name (Last, First, Middle Initial): Citizens Bank
Mailing Address: PO Box 789
City: Providence State: RI Zip Code: 02901-0789
Purpose of Disbursement: Fees expense
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 31 / 2012
Amount of Each Disbursement this Period: 39.00
Transaction ID : SB17.6928

SUBTOTAL of Disbursements This Page (optional) 3258.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
SAM SUTTER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): Citizens Bank
Mailing Address: PO Box 789
City: Providence State: RI Zip Code: 02901-0789
Purpose of Disbursement: Fees expense
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 11 / D D 17 / Y Y Y Y 2012
Amount of Each Disbursement this Period: 42.01
Transaction ID : SB17.6958

B.
Full Name (Last, First, Middle Initial): The Chick Montana Group LLC
Mailing Address: 202 Bonham Rd
City: Dedham State: MA Zip Code: 02026
Purpose of Disbursement: Accounting and Compliance consulting expense
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 12 / D D 03 / Y Y Y Y 2012
Amount of Each Disbursement this Period: 898.43
Transaction ID : SB17.6929

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 940.44

TOTAL This Period (last page this line number only) 10745.25

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
SAM SUTTER FOR CONGRESS

Transaction ID : SC/10.6943

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
C SAMUEL SUTTER

Election: 2012
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
259 DEXTER ST

City	State	ZIP Code
FALL RIVER	MA	02702

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate	Secured:
11 / 14 / 2012	na	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 3500.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
SAM SUTTER FOR CONGRESS

Transaction ID : SC/10.6944

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
C SAMUEL SUTTER

Election: 2012
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
259 DEXTER ST

City	State	ZIP Code
FALL RIVER	MA	02702

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate	Secured:
12 / 13 / 2012	na	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶ 8500.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Express

Mailing Address PO Box 1270

City: Newark State: NJ Zip Code: 07101-1270

Nature of Debt (Purpose): Credit card charges

Transaction ID : SD10.6612

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
28889.25	0.00	9540.00	19349.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Express

Mailing Address PO Box 1270

City: Newark State: NJ Zip Code: 07101-1270

Nature of Debt (Purpose): Credit card charges

Transaction ID : SD10.6920

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9272.42	0.00	0.00	9272.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing

Transaction ID : SD10.5388

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
393.58	0.00	0.00	393.58

1) **SUBTOTALS** This Period This Page (optional) ▶	29015.25
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing

Transaction ID : SD10.5391

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
946.07	0.00	0.00	946.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing

Transaction ID : SD10.5394

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
159.01	0.00	0.00	159.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing

Transaction ID : SD10.5395

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
102.41	0.00	0.00	102.41

1) **SUBTOTALS** This Period This Page (optional) ▶	1207.49
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing

Transaction ID : SD10.5396

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
63.87	0.00	0.00	63.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing

Transaction ID : SD10.5397

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
208.25	0.00	0.00	208.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing

Transaction ID : SD10.5398

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
156.10	0.00	0.00	156.10

1) **SUBTOTALS** This Period This Page (optional) ▶	428.22
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6585

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
132.81	0.00	0.00	132.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6594

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
208.25	0.00	0.00	208.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6454

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
159.01	0.00	0.00	159.01

1) **SUBTOTALS** This Period This Page (optional) ▶	500.07
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6462

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
152.00	0.00	0.00	152.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6586

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
79.69	0.00	0.00	79.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6457

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
156.10	0.00	0.00	156.10

1) **SUBTOTALS** This Period This Page (optional) ▶	387.79
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6455

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
81.38	0.00	0.00	81.38

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6596

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
81.38	0.00	0.00	81.38

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6592

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
239.06	0.00	0.00	239.06

1) **SUBTOTALS** This Period This Page (optional) ▶	401.82
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6456

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
60.18	0.00	0.00	60.18

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6588

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
278.29	0.00	0.00	278.29

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing

Transaction ID : SD10.6587

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
820.25	0.00	0.00	820.25

1) **SUBTOTALS** This Period This Page (optional) ▶	1158.72
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6589

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
208.25	0.00	0.00	208.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6590

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
143.44	0.00	0.00	143.44

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6591

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
79.69	0.00	0.00	79.69

1) **SUBTOTALS** This Period This Page (optional) ▶	431.38
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6460

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
207.19	0.00	0.00	207.19

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6595

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
59.73	0.00	0.00	59.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6597

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
60.92	0.00	0.00	60.92

1) **SUBTOTALS** This Period This Page (optional) ▶	327.84
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6593

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
303.57	0.00	0.00	303.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6598

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
733.65	0.00	0.00	733.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6599

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
446.25	0.00	0.00	446.25

1) **SUBTOTALS** This Period This Page (optional) ▶	1483.47
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6600

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
368.48	0.00	0.00	368.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6601

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
61.67	0.00	0.00	61.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6602

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
934.18	0.00	0.00	934.18

1) **SUBTOTALS** This Period This Page (optional) ▶	1364.33
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6603

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
446.25	0.00	0.00	446.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6604

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
394.03	0.00	0.00	394.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6606

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
119.47	0.00	0.00	119.47

1) **SUBTOTALS** This Period This Page (optional) ▶	959.75
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6607

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
632.19	0.00	0.00	632.19

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6608

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
419.69	0.00	0.00	419.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6609

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
249.69	0.00	0.00	249.69

1) **SUBTOTALS** This Period This Page (optional) ▶	1301.57
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6610

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
254.68	0.00	0.00	254.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6461

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
525.94	0.00	0.00	525.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6611

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
254.68	0.00	0.00	254.68

1) **SUBTOTALS** This Period This Page (optional) ▶	1035.30
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cambridge Offset Printing

Mailing Address 56 Creighton St

City: Cambridge State: MA Zip Code: 02140

Nature of Debt (Purpose): Finance charge

Transaction ID : SD10.6959

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	519.86	0.00	519.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Connolly Printing

Mailing Address 178 Gill St

City: Woburn State: MA Zip Code: 01801

Nature of Debt (Purpose): Printing expense

Transaction ID : SD10.6952

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	332.03	0.00	332.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Corrigan Communications

Mailing Address c/o Morrisey & Co.
6 Edgerly Pl

City: Boston State: MA Zip Code: 02116

Nature of Debt (Purpose): Communications consulting expense

Transaction ID : SD10.7118

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
5000.00	0.00	0.00	5000.00

1) **SUBTOTALS** This Period This Page (optional) ▶	5851.89
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Erickson's Florist

Mailing Address PO Box 706

City Westport State MA Zip Code 02790

Nature of Debt (Purpose): Flower expense

Transaction ID : SD10.6953

Outstanding Balance Beginning This Period: 0.00

Amount Incurred This Period: 75.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 75.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Fall River Country Club

Mailing Address PO Box 244

City Fall River State MA Zip Code 02720

Nature of Debt (Purpose): Catering expense

Transaction ID : SD10.6473

Outstanding Balance Beginning This Period: 1116.48

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 1116.48

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
O Journal

Mailing Address 10 Purchase St

City Fall River State MA Zip Code 02720

Nature of Debt (Purpose): Print Advertising

Transaction ID : SD10.6771

Outstanding Balance Beginning This Period: 400.00

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 400.00

1) **SUBTOTALS** This Period This Page (optional) ▶	1591.48
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
O Journal

Mailing Address 10 Purchase St

City: Fall River State: MA Zip Code: 02720

Nature of Debt (Purpose): Advertising expense

Transaction ID : SD10.6465

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
625.00	0.00	0.00	625.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
O Journal

Mailing Address 10 Purchase St

City: Fall River State: MA Zip Code: 02720

Nature of Debt (Purpose): Print Advertising

Transaction ID : SD10.6772

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
400.00	0.00	0.00	400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
O Journal

Mailing Address 10 Purchase St

City: Fall River State: MA Zip Code: 02720

Nature of Debt (Purpose): Print Advertising

Transaction ID : SD10.6773

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
400.00	0.00	0.00	400.00

1) **SUBTOTALS** This Period This Page (optional) ▶	1425.00
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Pidalia

Mailing Address 186 Duchaine Blvd Ste 200

City New Bedford State MA Zip Code 02745

Nature of Debt (Purpose): Website expense

Transaction ID : SD10.6955

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	360.00	0.00	360.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Portuguese Times, Inc.

Mailing Address PO Box 61288

City New Bedford State MA Zip Code 02746

Nature of Debt (Purpose): Advertising expense

Transaction ID : SD10.6463

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
600.00	0.00	0.00	600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Portuguese Times, Inc.

Mailing Address PO Box 61288

City New Bedford State MA Zip Code 02746

Nature of Debt (Purpose): Print Advertsing expense

Transaction ID : SD10.6956

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	600.00	0.00	600.00

1) **SUBTOTALS** This Period This Page (optional) ▶	1560.00
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Radio Voz Do Emigrante

Mailing Address PO Box 9813

City: Fall River State: MA Zip Code: 02720

Nature of Debt (Purpose): Advertising expense

Transaction ID : SD10.6466

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
750.00	0.00	0.00	750.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Radio Voz Do Emigrante

Mailing Address PO Box 9813

City: Fall River State: MA Zip Code: 02720

Nature of Debt (Purpose): Radio Advertising expense

Transaction ID : SD10.6957

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	400.00	0.00	400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WJFD

Mailing Address 651 Orchard St
Ste 300

City: New Bedford State: MA Zip Code: 02744

Nature of Debt (Purpose): Advertising expense

Transaction ID : SD10.6470

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
450.00	0.00	0.00	450.00

1) **SUBTOTALS** This Period This Page (optional) ▶	1600.00
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

SAM SUTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WJFD

Mailing Address 651 Orchard St
Ste 300

City New Bedford State MA Zip Code 02744

Nature of Debt (Purpose): Advertising expense

Transaction ID : SD10.6468

Outstanding Balance Beginning This Period: 425.00

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 425.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶	425.00
2) **TOTALS** This Period (last page this line number only) ▶	52456.37
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	8500.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	60956.37