

# 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

Katherine Clark for Congress

ADDRESS (number and street) ▼

PO Box 361

Check if different than previously reported. (ACC)

Malden

MA

02148

2. **FEC IDENTIFICATION NUMBER** ▼

C C00541888

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MA

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- 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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

/  /

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Katherine Clark for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 26 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	7685.00	863704.24
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7685.00	863704.24
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	97086.28	817115.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	97086.28	817115.80
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	296588.44	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	250000.00	

**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

**Katherine Clark for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5450.00	739516.39
(ii) Unitemized.....	2235.00	94712.85
(iii) TOTAL of contributions from individuals ▶	7685.00	834229.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	29475.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7685.00	863704.24
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	250000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	250000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7685.00	1113704.24

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	97086.28	817115.80
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	97086.28	817115.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	385989.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7685.00
25. SUBTOTAL (add Line 23 and Line 24).....	393674.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	97086.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	296588.44

**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 5 OF 13
	<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)  
**Katherine Clark for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jon Barooshian**

Mailing Address 14 Newton St

City Northborough State MA Zip Code 01532-1115

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

Name of Employer Tarlow Breed Hart & Rogers Occupation Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : C8547328**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles W. Barrett**

Mailing Address 68 Barnes Hill Rd

City Concord State MA Zip Code 01742-5601

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

Name of Employer Esdaile, Barrett & Esdaile Occupation Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : C8547298**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Leo Boyle**

Mailing Address 14 Walpole St

City Dover State MA Zip Code 02030-2549

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

Name of Employer Meehan Boyle Black & Boydanow Occupation Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : C8547306**

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 6 OF 13
	<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)  
**Katherine Clark for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Brouder</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2013
Mailing Address 5 Lantern Ln		<b>Transaction ID : C8545610</b>
City Winchester	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Boston Benefit Partners, LLC	Occupation Consultant	
Receipt For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Jonathan Delman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2013
Mailing Address 12 Summer St		<b>Transaction ID : C8542116</b>
City Stoneham	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation researcher	
Receipt For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 475.00	

Full Name (Last, First, Middle Initial) <b>C. John Fusco</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2013
Mailing Address 47 Lindenwood Rd		<b>Transaction ID : C8540854</b>
City Stoneham	State MA	
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: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> 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 7 OF 13
	<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)  
**Katherine Clark for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Martin Healy**

Mailing Address 5 Fiorenza Dr

City State Zip Code  
Wilmington MA 01887-4426

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

Name of Employer Occupation  
Mass Bar Association Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : C8547310**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Norman Jacobs**

Mailing Address 423 Dedham St

City State Zip Code  
Newton MA 02459-3300

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

Name of Employer Occupation  
Eisdale, Barrett, Jacobs and Mone Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : C8543896**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jay S. Jester**

Mailing Address 1678 Monaco Pkwy

City State Zip Code  
Denver CO 80220-1655

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

Name of Employer Occupation  
Jester Gibson & Moore Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : C8546317**

Amount of Each Receipt this Period  
600.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<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)  
**Katherine Clark for Congress**

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

Mailing Address 79 Grant Rd

City Lynn State MA Zip Code 01904-1212

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

Name of Employer MASSACHUSETTS DEPT. OF WORKFORCE I Occupation PROGRAM COORDINATOR

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C8542861**

Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
**Dennis M. Lindgren**

Mailing Address 10 Seaver St

City North Easton State MA Zip Code 02356-1520

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

Name of Employer Pierce & Mandell, P.C. Occupation Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C8547300**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Pierce**

Mailing Address 7 Winter St

City Newton Upper Falls State MA Zip Code 02464-1111

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

Name of Employer Pierce & Mandell Occupation Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C8547299**

Amount of Each Receipt this Period  
 250.00

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

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

900.00

**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 13
	<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)  
**Katherine Clark for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Laurence Richmond**

Mailing Address 44 Washington St

City Wellesley State MA Zip Code 02481-1800

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

Name of Employer Richmonds & Co. LLC Occupation lawyer

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C8541938**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Camille F. Sarrouf**

Mailing Address 115 Broad St

City Boston State MA Zip Code 02110-3032

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

Name of Employer Sarrouf Law LLP Occupation Civil Trial Lawyer

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C8547316**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Betsy Sheerr**

Mailing Address 225 S 4th St

City Philadelphia State PA Zip Code 19106-3814

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

Name of Employer Sheerr Comm Occupation President

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : C8546760**

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 10 OF 13
	<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)  
**Katherine Clark for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sharon Simpson Jones**

Mailing Address 25 Cleveland Rd

City State Zip Code  
Brookline MA 02445-4103

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

Name of Employer Occupation  
Raytheon Company Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : C8542925**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Sharon Simpson Jones**

Mailing Address 25 Cleveland Rd

City State Zip Code  
Brookline MA 02445-4103

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

Name of Employer Occupation  
Raytheon Company Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : C8542933**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Irving Smolens**

Mailing Address 10 Ravine Rd

City State Zip Code  
Melrose MA 02176-4302

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

Name of Employer Occupation  
one Retired

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

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

**Transaction ID : C8547347**

Amount of Each Receipt this Period  
50.00

**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 11 OF 13
	<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)  
**Katherine Clark for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul R. Sugarman**

Mailing Address **1 Beacon St**

City **Boston** State **MA** Zip Code **02108-3107**

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

Name of Employer **Sugarman and Sugarman** Occupation **Co Founder & Principal**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

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

**Transaction ID : C8547314**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Yourgrau**

Mailing Address **21 Geneva Rd**

City **Melrose** State **MA** Zip Code **02176-4001**

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

Name of Employer **Hallmark Health Systems** Occupation **Clinical Social Worker**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275.00**

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

**Transaction ID : C8547362**

Amount of Each Receipt this Period  
**25.00**

**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 Y Y

Amount of Each Receipt this Period

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

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

**525.00**

**5450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 13			
	<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)  
**Katherine Clark for Congress**

Full Name (Last, First, Middle Initial)  
**A. GBA Strategies**

Mailing Address 1901 L St, NW Ste 702

City Washington State DC Zip Code 20006

Purpose of Disbursement Polling expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 26 / 2013

Amount of Each Disbursement this Period: 12100.00

Transaction ID : D436319

Full Name (Last, First, Middle Initial)  
**B. Message and Media**

Mailing Address 100 Albany St

City New Brunswick State NJ Zip Code 08901

Purpose of Disbursement TV Production expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 27 / 2013

Amount of Each Disbursement this Period: 19000.00

Transaction ID : D436320

Full Name (Last, First, Middle Initial)  
**C. Mundy Katowitz Media, Inc.**

Mailing Address 1322 G St, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Television advertising expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 27 / 2013

Amount of Each Disbursement this Period: 65928.28

Transaction ID : D436321

**SUBTOTAL** of Disbursements This Page (optional) ..... 97028.28

**TOTAL** This Period (last page this line number only) ..... 97028.28

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

NAME OF COMMITTEE (In Full) **Katherine Clark for Congress** Transaction ID : **L682**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2013  
**Katherine Clark PERS FUNDS**  Primary  
 Mailing Address 64 Prospect St  General  
 Other (specify) ▼

City Melrose State MA ZIP Code 02176-3037

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	250000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	250000.00

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