

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DeFranco for Congress

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))....	11463.98	77770.67
(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)).....	11463.98	77770.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12460.55	47306.68
(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)).....	12460.55	47306.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	30463.99	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

DeFranco for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7178.98	52957.84
(ii) Unitemized.....	4099.00	24626.83
(iii) TOTAL of contributions from individuals ▶	11277.98	77584.67
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	186.00	186.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11463.98	77770.67
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	11463.98	77770.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12460.55	47306.68
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12460.55	47306.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	31460.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11463.98
25. SUBTOTAL (add Line 23 and Line 24).....	42924.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12460.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30463.99

**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 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
John Barbieri

Mailing Address **PO Box 3100**

City **Palos Verdes** State **CA** Zip Code **90274**

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

Name of Employer **Self** Occupation **Maritime Consultant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Charles Bardo

Mailing Address **11637 S Hudson Ct**

City **Tulsa** State **OK** Zip Code **74137**

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

Name of Employer **CCS, LP** Occupation **Chairman**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.5057

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Patricia Berger

Mailing Address **60 Heath Street**

City **Brookline** State **MA** Zip Code **02445**

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

Name of Employer **None** Occupation **None**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.5061

Amount of Each Receipt this Period
100.00

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 6 OF 27
	<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)
DeFranco for Congress

Full Name (Last, First, Middle Initial) A. Patricia Berger		Date of Receipt MM / DD / YYYY 06 / 27 / 2014
Mailing Address 60 Heath Street		Transaction ID : SA11AI.5079
City Brookline	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation None	Election Cycle-to-Date 550.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Patricia Berger		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 60 Heath Street		Transaction ID : SA11AI.5083
City Brookline	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation None	Election Cycle-to-Date 650.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Hale Bradt		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 11 Church St Unit 201		Transaction ID : SA11AI.4926
City Salem	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 4117.80
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	365.00
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 7 OF 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Hale Bradt

Mailing Address 11 Church St
Unit 201

City Salem State MA Zip Code 01970

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
4367.80

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2014

Transaction ID : SA11AI.4962

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Charles Campagne

Mailing Address 21 Niagara Pier

City Erie State PA Zip Code 16507

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
1150.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.5031

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Joseph Chessario

Mailing Address 5136 Wolf Run Village Lane

City Erie State PA Zip Code 16505

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
06 / 23 / 2014

Transaction ID : SA11AI.5035

Amount of Each Receipt this Period
100.00

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 8 OF 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
James Clark

Mailing Address 48 East Street

City Ipswich State MA Zip Code 01938

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
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
James Clark

Mailing Address 48 East Street

City Ipswich State MA Zip Code 01938

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 Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.4986

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
James Clark

Mailing Address 48 East Street

City Ipswich State MA Zip Code 01938

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
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.5073

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 9 OF 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Peter Coleman

Mailing Address 4005 Gulf Shore Blvd No.

City Naples State FL Zip Code 34103

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
 05 / 29 / 2014

Transaction ID : SA11AI.5006

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
Judith Conrad

Mailing Address 106 Warburton St.

City Fall River State MA Zip Code 02720

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

Name of Employer Self Occupation Musician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.5074

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Margaret Flynn

Mailing Address 7 Devon Drive

City Acton State MA Zip Code 01720

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

Name of Employer Retired Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period
 250.00

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

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

450.00

**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 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Maura Flynn

Mailing Address 18 Patti Lane

City Maynard State MA Zip Code 01754

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

Name of Employer None Occupation Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
588.98

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.5087

Amount of Each Receipt this Period
38.98
 In-kind -food for volunteers

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

Mailing Address 13 Philips Ave.

City Rockport State MA Zip Code 01966

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

Name of Employer Salem State University Occupation Social Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA11AI.5115

Amount of Each Receipt this Period
200.00
 In-kind -food for fundraising event

C. Full Name (Last, First, Middle Initial)
Elizabeth Fragola

Mailing Address 13 Philips Ave.

City Rockport State MA Zip Code 01966

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

Name of Employer Salem State University Occupation Social Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11AI.5033

Amount of Each Receipt this Period
200.00

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

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

438.98

**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 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Fragola

Mailing Address 13 Philips Ave.

City State Zip Code
Rockport MA 01966

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

Name of Employer Occupation
Salem State University Social Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Tom Gee

Mailing Address 321 Walnut St #235

City State Zip Code
Newton MA 02460

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

Name of Employer Occupation
FCD Educational Services Nonprofit Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11AI.5065

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Rodd Halstead

Mailing Address 153 Tower Road

City State Zip Code
Lincoln MA 01773

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

Name of Employer Occupation
Dassault Software Developer Mgr.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period
200.00

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 27
	<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)
DeFranco for Congress

Full Name (Last, First, Middle Initial) Hyder Hussain		Date of Receipt MM / DD / YYYY 04 / 27 / 2014
Mailing Address 11950 Idaho Avenue #415		Transaction ID : SA11AI.4967
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation None	Election Cycle-to-Date 300.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Hyder Hussain		Date of Receipt MM / DD / YYYY 05 / 27 / 2014
Mailing Address 11950 Idaho Avenue #415		Transaction ID : SA11AI.4999
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation None	Election Cycle-to-Date 400.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Carol Kelly		Date of Receipt MM / DD / YYYY 04 / 05 / 2014
Mailing Address 2 Ruben Duren Way		Transaction ID : SA11AI.4923
City Bedford	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 610.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	330.00
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 13 OF 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Carol Kelly

Mailing Address 2 Ruben Duren Way

City Bedford State MA Zip Code 01730

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 **710.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Carol Kelly

Mailing Address 2 Ruben Duren Way

City Bedford State MA Zip Code 01730

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 **910.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11AI.5005

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
John Kelly

Mailing Address 2 Ruben Duren Way

City Bedford State MA Zip Code 01730

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 **230.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.5086

Amount of Each Receipt this Period
225.00
 In-kind -dinner for volunteers

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

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

525.00

**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 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
John Kelly

Mailing Address **2 Ruben Duren Way**

City **Bedford** State **MA** Zip Code **01730**

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
250.83

Date of Receipt
 M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11AI.4941

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Michelle Moucharite

Mailing Address **1407 Sheffield Way**

City **Saugus** State **MA** Zip Code **01906**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11AI.4946

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Martha O'Mara

Mailing Address **12 Maple Avenue**

City **Cambridge** State **MA** Zip Code **02139**

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

Name of Employer **CP Analytics** Occupation **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
06 / 12 / 2014

Transaction ID : SA11AI.5024

Amount of Each Receipt this Period
250.00

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

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

470.00

**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 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Martha O'Mara

Mailing Address 12 Maple Avenue

City State Zip Code
Cambridge MA 02139

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

Name of Employer Occupation
CP Analytics CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.5116

Amount of Each Receipt this Period
200.00

In-kind -Food for Fundraising event

B. Full Name (Last, First, Middle Initial)
Lee Palmer

Mailing Address 17 Pitman St

City State Zip Code
Somerville MA 02143

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

Name of Employer Occupation
Keshher, Inc. Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Lee Palmer

Mailing Address 17 Pitman St

City State Zip Code
Somerville MA 02143

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

Name of Employer Occupation
Keshher, Inc. Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
530.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2014

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period
200.00

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 16 OF 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Laura Panos

Mailing Address 50 Leonard Street

City Belmont State MA Zip Code 02478

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

Name of Employer Self Occupation Lawyer

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
 06 / 12 / 2014

Transaction ID : SA11AI.5030

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Eva Rajczyk

Mailing Address 48 Marshland Street

City Haverhill State MA Zip Code 01830

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

Name of Employer Community Action, Inc. Occupation Teacher

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
 06 / 30 / 2014

Transaction ID : SA11AI.5082

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Helen Schwickrath

Mailing Address 390 Broadway Unit 14

City Somerville State MA Zip Code 02145

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

Name of Employer Requested Occupation 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 Y Y
 06 / 14 / 2014

Transaction ID : SA11AI.5039

Amount of Each Receipt this Period
75.00

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

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

175.00

**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 17 OF 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Eleanor Smeal

Mailing Address 900 N. Stafford St., Apt. 2230

City State Zip Code
Arlington VA 22203

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

Name of Employer Occupation
Feminist Majority 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
06 / 13 / 2014

Transaction ID : SA11AI.5052

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Eddy Staco

Mailing Address 86 Fairview Ave

City State Zip Code
Peabody MA 01960

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Eddy Staco

Mailing Address 86 Fairview Ave

City State Zip Code
Peabody MA 01960

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
925.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11AI.4996

Amount of Each Receipt this Period
25.00

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

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

825.00

**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 18 OF 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Jacalyn Stuart Bennett

Mailing Address 52 Rogers Street

City West Newbury State MA Zip Code 01985

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

Name of Employer **Bennett & Company** Occupation **President, CEO, Founder**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2014

Transaction ID : SA11AI.4959

Amount of Each Receipt this Period
 1000.00

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 / 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 / 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).....

1000.00

7178.98

**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 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Committee to Elect Joel Saslaw

Mailing Address 21 Benevento Circle

City Peabody State MA Zip Code 01960

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

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
 04 / 09 / 2014

Transaction ID : SA11C.4950

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
Joel Grosman

Mailing Address 90 Maple Street

City West Newbury State MA Zip Code 01985

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

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
 04 / 13 / 2014

Transaction ID : SA11C.4956

Amount of Each Receipt this Period
 36.00

C. Full Name (Last, First, Middle Initial)
Tuba Syed

Mailing Address 36 Forest Street

City Milford State MA Zip Code 01757

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

Name of Employer Occupation
 Not employed Not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11C.4954

Amount of Each Receipt this Period
 20.00

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

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

106.00

**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 27
	<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Mary Taff

Mailing Address 148 Main Street

City North Andover State MA Zip Code 01845

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

Name of Employer Lynn Hospital Occupation Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **180.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11C.4955

Amount of Each Receipt this Period
80.00

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 / 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 / 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).....

80.00

186.00

**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 21 OF 27		
	<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)
DeFranco for Congress

Full Name (Last, First, Middle Initial) A. Regina Clewell		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 26 Wethersfield Street		Amount of Each Disbursement this Period 142.00 Transaction ID : SB17.5093
City Rowley	State MA	
Zip Code 01969	Purpose of Disbursement Website	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Regina Clewell		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 26 Wethersfield Street		Amount of Each Disbursement this Period 516.00 Transaction ID : SB17.5106
City Rowley	State MA	
Zip Code 01969	Purpose of Disbursement March and April Website Updates	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Comcast		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 387 W Broadway		Amount of Each Disbursement this Period 208.96 Transaction ID : SB17.5135
City Boston	State MA	
Zip Code 02127	Purpose of Disbursement Phones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	866.96
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 22 OF 27			
	<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)
DeFranco for Congress

Full Name (Last, First, Middle Initial) A. Constant Contact		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address Reservoir Place, 1601 Trapelo Road		Amount of Each Disbursement this Period 1160.40 Transaction ID : SB17.5131
City Waltham State MA Zip Code 02451	Purpose of Disbursement E-newsletters and fundraising Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 05 / 24 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 101.96 Transaction ID : SB17.5127
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Advertising of Campaign Facebook Page Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Maura Flynn		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 18 Patti Lane		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5094
City Maynard State MA Zip Code 01754	Purpose of Disbursement March, Campaign Managing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1160.40
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 23 OF 27	
	<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)
DeFranco for Congress

Full Name (Last, First, Middle Initial) A. Maura Flynn		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 18 Patti Lane		Amount of Each Disbursement this Period 38.98
City Maynard	State MA	
Zip Code 01754	Purpose of Disbursement In-kind -food for volunteers	Transaction ID : SB17.5089
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Maura Flynn		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 18 Patti Lane		Amount of Each Disbursement this Period 1000.00
City Maynard	State MA	
Zip Code 01754	Purpose of Disbursement April, Campaign Managing	Transaction ID : SB17.5105
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Maura Flynn		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 18 Patti Lane		Amount of Each Disbursement this Period 1500.00
City Maynard	State MA	
Zip Code 01754	Purpose of Disbursement May, Campaign Managing	Transaction ID : SB17.5128
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2538.98
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 24 OF 27	
	<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)
DeFranco for Congress

Full Name (Last, First, Middle Initial) A. Russell Greenberg		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 153 Ash Street		Amount of Each Disbursement this Period 430.00 Transaction ID : SB17.5107
City Waltham	State MA	
Zip Code 02453	Purpose of Disbursement Field-outreach to voters, disperse flyers	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JetBlue		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 27-01 Queens Plaza North		Amount of Each Disbursement this Period 606.00 Transaction ID : SB17.5123
City Long Island City	State NY	
Zip Code 11101	Purpose of Disbursement Travel to DC	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. John Kelly		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 2 Ruben Duren Way		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.5090
City Bedford	State MA	
Zip Code 01730	Purpose of Disbursement In-kind -dinner for volunteers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1261.00
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 25 OF 27	
	<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)
DeFranco for Congress

Full Name (Last, First, Middle Initial) A. Lawson Mulvihill Media, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 2123 Clark Place		Amount of Each Disbursement this Period 1000.00
City Silver Spring	State MD	
Zip Code 20910	Purpose of Disbursement Communications	Transaction ID : SB17.5091
Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Massachusetts Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 77 Summer Street 10th Floor		Amount of Each Disbursement this Period 2500.00
City Boston	State MA	
Zip Code 02110	Purpose of Disbursement VoteBuilder	Transaction ID : SB17.5129
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. North Shore Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 5 Cherry Hill Drive		Amount of Each Disbursement this Period 450.00
City Danvers	State MA	
Zip Code 01923	Purpose of Disbursement Event--Meet with local businesses, newspaper editor, tickets for team	Transaction ID : SB17.5125
Candidate Name	004 Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	3950.00
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 26 OF 27		
	<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)
DeFranco for Congress

Full Name (Last, First, Middle Initial) A. Paul Simmons		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 711 Atlantic Avenue, Lower Level		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5137
City Boston	State MA	
Zip Code 02111	Purpose of Disbursement Research	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 301 Newbury Street		Amount of Each Disbursement this Period 211.11 Transaction ID : SB17.5097
City Danvers	State MA	
Zip Code 01923	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Su Chang's		Date of Disbursement MM / DD / YYYY 05 / 24 / 2014
Mailing Address 373 Lowell Street		Amount of Each Disbursement this Period 770.00 Transaction ID : SB17.5109
City Peabody	State MA	
Zip Code 01960	Purpose of Disbursement Campaign Fundraiser	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1281.11
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 27 OF 27	
	<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)
DeFranco for Congress

Full Name (Last, First, Middle Initial) A. Ted Kontos			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014	
Mailing Address 14 North Main Street			Amount of Each Disbursement this Period 400.00	
City Middleton	State MA	Zip Code 01949	Transaction ID : SB17.5133	
Purpose of Disbursement Rent		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) B.			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		Category/Type		
Candidate Name				
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: _____				

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		Category/Type		
Candidate Name				
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: _____				

SUBTOTAL of Disbursements This Page (optional)	400.00
TOTAL This Period (last page this line number only)	11458.45