

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

DeFranco for Congress

ADDRESS (number and street)

PO Box 103

Check if different than previously reported. (ACC)

Middleton

MA

01949

2. FEC IDENTIFICATION NUMBER ▼

C C00547257

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MA

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
08 / 21 / 2014

through

M M / D D / Y Y Y Y
09 / 30 / 2014

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

Type or Print Name of Treasurer Kai Moy

Signature of Treasurer Kai Moy

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 15 / 2014

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

Office Use Only								
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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))....	2243.00	24866.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2243.00	24866.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28096.32	2037.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	4167.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23929.32	2037.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2851.59	
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).....	5000.00	

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).....	1425.00	16323.00
(ii) Unitemized.....	818.00	8543.00
(iii) TOTAL of contributions from individuals ▶	2243.00	24866.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2243.00	24866.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5000.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	4167.00	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)..... ▶	11410.00	24866.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28096.32	2037.75
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) ►	28096.32	2037.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19537.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11410.00
25. SUBTOTAL (add Line 23 and Line 24).....	30947.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28096.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2851.59

**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 24
	<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
1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2014

Transaction ID : SA11AI.5241

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Joe Dunn

Mailing Address 100 Aprils Way

City Tewksbury State MA Zip Code 01876

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

Name of Employer People's Federal Savings Bank Occupation Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2014

Transaction ID : SA11AI.5238

Amount of Each Receipt this Period
100.00

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

Mailing Address 321 Walnut St #235

City Newton State MA Zip Code 02460

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

Name of Employer FCD Educational Services Occupation Nonprofit Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2014

Transaction ID : SA11AI.5235

Amount of Each Receipt this Period
100.00

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<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)
Bob Holloway

Mailing Address 8 Pine Ridge Road

City State Zip Code
Topsfield MA 01983

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

Name of Employer Occupation
MacLean Holloway Doherty Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2014

Transaction ID : SA11AI.5250

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Karen Hourigan

Mailing Address 114 Beulah Street #1

City State Zip Code
San Francisco CA 94117

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

Name of Employer Occupation
Redgrave, LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2014

Transaction ID : SA11AI.5239

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jane Levesque

Mailing Address 72 Pierpont Street

City State Zip Code
Salem MA 01970

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

Name of Employer Occupation
North Shore Community College Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2014

Transaction ID : SA11AI.5284

Amount of Each Receipt this Period
200.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<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)
Vladimir Mishin

Mailing Address 12973 Langstaff dr.
Apt 404

City Windermere State FL Zip Code 34786

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

Name of Employer: rcg global consulting Occupation: software consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **325.00**

Date of Receipt: **08 / 25 / 2014**

Transaction ID : SA11AI.5234

Amount of Each Receipt this Period: **25.00**

B. Full Name (Last, First, Middle Initial)
Vladimir Mishin

Mailing Address 12973 Langstaff dr.
Apt 404

City Windermere State FL Zip Code 34786

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

Name of Employer: rcg global consulting Occupation: software consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **350.00**

Date of Receipt: **09 / 03 / 2014**

Transaction ID : SA11AI.5261

Amount of Each Receipt this Period: **25.00**

C. 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: **250.00**

Date of Receipt: **08 / 25 / 2014**

Transaction ID : SA11AI.5233

Amount of Each Receipt this Period: **25.00**

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

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

75.00

**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 24
	<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)
Eddy Staco

Mailing Address 86 Fairview Ave

City Peabody State MA Zip Code 01960

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 **725.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 30 / 2014

Transaction ID : SA11A1.5245

Amount of Each Receipt this Period
100.00

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).....

100.00

1425.00

**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 24
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Ms Marisa Ann DeFranco Esq.

Mailing Address 14 North Main Street

City Middleton State MA Zip Code 01949

FEC ID number of contributing federal political committee. **C H4MA06108**

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5010.00

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

Transaction ID : SA13A.5292

Amount of Each Receipt this Period
5000.00

Candidate Loan, Personal Funds

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

5000.00

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 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
North Woods Advertising

Mailing Address **PO Box 3817**

City **Minneapolis** State **MN** Zip Code **55403**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **4167.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 25 / 2014

Transaction ID : SA14.5277

Amount of Each Receipt this Period
 _____ **4167.00**

Partial Return of Retainer

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).....

_____ **4167.00**

_____ **4167.00**

**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 11 OF 24			
	<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. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 10.00
City Somerville State MA Zip Code 02144	Purpose of Disbursement 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)	Transaction ID : SB17.5346
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 74.63
City Somerville State MA Zip Code 02144	Purpose of Disbursement Processing fees 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)	Transaction ID : SB17.5361
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) c. BL Insurance		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 4417 Acushnet Avenue		Amount of Each Disbursement this Period 85.00
City New Bedford State MA Zip Code 02745	Purpose of Disbursement Inspection Fee 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)	Transaction ID : SB17.5297
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	169.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24		
	<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. Cambridge Offset Printing		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 56 Creighton Street		Amount of Each Disbursement this Period 311.81 Transaction ID : SB17.5304
City Cambridge	State MA	
Zip Code 02134	Purpose of Disbursement Dear Friend Cards, Banner	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 08 / 25 / 2014
Mailing Address 26 Wethersfield Street		Amount of Each Disbursement this Period 178.00 Transaction ID : SB17.5303
City Rowley	State MA	
Zip Code 01969	Purpose of Disbursement Website, Monthly	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. Regina Clewell		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 26 Wethersfield Street		Amount of Each Disbursement this Period 232.00 Transaction ID : SB17.5352
City Rowley	State MA	
Zip Code 01969	Purpose of Disbursement Website, August & Sept	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).....	721.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24			
	<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. Comcast		Date of Disbursement MM / DD / YYYY 08 / 30 / 2014
Mailing Address 387 W Broadway		Amount of Each Disbursement this Period 327.57 Transaction ID : SB17.5335
City Boston	State MA Zip Code 02127	
Purpose of Disbursement Internet and Phone	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. ConnectPay		Date of Disbursement MM / DD / YYYY 08 / 24 / 2014
Mailing Address 2352 Main Street Suite 303		Amount of Each Disbursement this Period 132.44 Transaction ID : SB17.5270
City Concord	State MA Zip Code 01742	
Purpose of Disbursement Payroll Taxes	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. ConnectPay		Date of Disbursement MM / DD / YYYY 08 / 24 / 2014
Mailing Address 2352 Main Street Suite 303		Amount of Each Disbursement this Period 62.50 Transaction ID : SB17.5271
City Concord	State MA Zip Code 01742	
Purpose of Disbursement Biweekly Paycheck Charge	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).....	327.51
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 14 OF 24			
	<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. ConnectPay		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 2352 Main Street Suite 303		Amount of Each Disbursement this Period 108.94 Transaction ID : SB17.5357
City Concord	State MA	
Zip Code 01742	Purpose of Disbursement Payroll Taxes	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. ConnectPay		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 2352 Main Street Suite 303		Amount of Each Disbursement this Period 117.65 Transaction ID : SB17.5358
City Concord	State MA	
Zip Code 01742	Purpose of Disbursement Administrative Fees--tax reports, processing	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. Connolly Printing		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 17B Gill Street		Amount of Each Disbursement this Period 353.71 Transaction ID : SB17.5340
City Woburn	State MA	
Zip Code 01801	Purpose of Disbursement Palm Cards, Signs, Tshirts	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).....	580.30
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 15 OF 24	
	<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. Connolly Printing		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 17B Gill Street		Amount of Each Disbursement this Period 736.31 Transaction ID : SB17.5359
City Woburn	State MA	
Zip Code 01801	Purpose of Disbursement Signs, Palm Cards	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. Constant Contact		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address Reservoir Place, 1601 Trapelo Road		Amount of Each Disbursement this Period 15.94 Transaction ID : SB17.5306
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement Monthly Fee	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. Constant Contact		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address Reservoir Place, 1601 Trapelo Road		Amount of Each Disbursement this Period 15.94 Transaction ID : SB17.5341
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement Monthly	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).....	768.19
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 16 OF 24			
	<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 08 / 30 / 2014
Mailing Address Reservoir Place, 1601 Trapelo Road		Amount of Each Disbursement this Period 58.44 Transaction ID : SB17.5329
City Waltham State MA Zip Code 02451	Purpose of Disbursement Monthly Category/Type 003	
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. Ellis Strategies		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address 11 Cedar Knoll		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5355
City Boxford State MA Zip Code 01921	Purpose of Disbursement Ad production Category/Type 004	
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. Facebook		Date of Disbursement MM / DD / YYYY 08 / 31 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 357.70 Transaction ID : SB17.5345
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Advertising Category/Type 004	
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).....	2916.14
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 17 OF 24	
	<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 09 / 23 / 2014
Mailing Address 18 Patti Lane		Amount of Each Disbursement this Period 352.59 Transaction ID : SB17.5354
City Maynard	State MA	
Zip Code 01754	Purpose of Disbursement Expenses Reimbursement: Postcards, Staples, flight	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. Erie Germenji		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 11 Central Street		Amount of Each Disbursement this Period 334.35 Transaction ID : SB17.5269
City Beverly	State MA	
Zip Code 01915	Purpose of Disbursement Wages	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. Erie Germenji		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 11 Central Street		Amount of Each Disbursement this Period 280.06 Transaction ID : SB17.5356
City Beverly	State MA	
Zip Code 01915	Purpose of Disbursement Wages	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).....	967.00
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 18 OF 24			
	<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. John Guilfoil		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 1 Westinghouse Plaza, Unit 315		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.5299
City Boston	State MA	
Zip Code 02136	Purpose of Disbursement Communications	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. Lowell Sun		Date of Disbursement MM / DD / YYYY 09 / 03 / 2014
Mailing Address 491 Dutton Street		Amount of Each Disbursement this Period 2210.00 Transaction ID : SB17.5342
City Lowell	State MA	
Zip Code 01854	Purpose of Disbursement Print Advertising	Category/ Type 004
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. Maverick Productions, LLC		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 396 Washington St		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5293
City Wellesley	State MA	
Zip Code 02481	Purpose of Disbursement Video of Debate	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).....	3960.00
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 19 OF 24	
	<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. Middlesex Gases		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 365 Lowell Ave		Amount of Each Disbursement this Period 203.45
City Haverhill State MA Zip Code 01832	Category/Type 001	
Purpose of Disbursement Helium for Balloons for Parade		Transaction ID : SB17.5321
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 M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 301 Newbury Street		Amount of Each Disbursement this Period 287.80
City Danvers State MA Zip Code 01923	Category/Type 001	
Purpose of Disbursement Office supplies		Transaction ID : SB17.5319
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 301 Newbury Street		Amount of Each Disbursement this Period 143.60
City Danvers State MA Zip Code 01923	Category/Type 001	
Purpose of Disbursement Office Supplies		Transaction ID : SB17.5314
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).....	634.85
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 20 OF 24			
	<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

A. The Daily Item, Lynn, MA

Full Name (Last, First, Middle Initial)
Mailing Address 38 Exchange Street

City Lynn State MA Zip Code 01901

Purpose of Disbursement Print Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 09 / 04 / 2014

Amount of Each Disbursement this Period: 239.20

Transaction ID : SB17.5350

Category/Type: 004

B. The Daily Item, Lynn, MA

Full Name (Last, First, Middle Initial)
Mailing Address 38 Exchange Street

City Lynn State MA Zip Code 01901

Purpose of Disbursement Print Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 09 / 05 / 2014

Amount of Each Disbursement this Period: 310.96

Transaction ID : SB17.5360

Category/Type: 004

C. The Town Common

Full Name (Last, First, Middle Initial)
Mailing Address 77 Wethersfield St

City Rowley State MA Zip Code 01969

Purpose of Disbursement Print Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2014

Amount of Each Disbursement this Period: 238.00

Transaction ID : SB17.5348

Category/Type: 004

SUBTOTAL of Disbursements This Page (optional) 788.16

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24			
	<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. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 43 South Main Street		Amount of Each Disbursement this Period 98.00
City Middleton	State MA	
Zip Code 01949	Purpose of Disbursement Stamps	Transaction ID : SB17.5318
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) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 43 South Main Street		Amount of Each Disbursement this Period 136.00
City Middleton	State MA	
Zip Code 01949	Purpose of Disbursement Stamps	Transaction ID : SB17.5309
Candidate Name	003 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. Valley Patriot		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 75 Main Street		Amount of Each Disbursement this Period 424.00
City North Andover	State MA	
Zip Code 01845	Purpose of Disbursement Print Ad	Transaction ID : SB17.5301
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:		

SUBTOTAL of Disbursements This Page (optional).....	658.00
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 22 OF 24	
	<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. WBZ-AM/WODS FM		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 1170 Soldier's Field Road		Amount of Each Disbursement this Period 990.00 Transaction ID : SB17.5326
City Boston State MA Zip Code 02134	Purpose of Disbursement Radio Advertising 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) B. WCVB Channel 5		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2014
Mailing Address 5 TV Place		Amount of Each Disbursement this Period 5900.00 Transaction ID : SB17.5267
City Needham State MA Zip Code 02494	Purpose of Disbursement TV Ads 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. WCVB Channel 5		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 5 TV Place		Amount of Each Disbursement this Period 7650.00 Transaction ID : SB17.5307
City Needham State MA Zip Code 02494	Purpose of Disbursement TV Advertising 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:	

SUBTOTAL of Disbursements This Page (optional).....	14540.00
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 23 OF 24	
	<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. WNBP Radio		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 6 Federal Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5338
City Newburyport	State MA	
Zip Code 01951	Purpose of Disbursement Radio Advertising	Category/ Type 004
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 MM / DD / YYYY
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 MM / DD / YYYY
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).....	500.00
TOTAL This Period (last page this line number only).....	27531.59

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DeFranco for Congress** Transaction ID : **SC/10.5292**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Ms Marisa Ann DeFranco Esq. Primary
 Mailing Address General
 14 North Main Street Other (specify) ▼

City State ZIP Code
 Middleton MA 01949

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

TERMS

Date Incurred M 09 / D 09 / Y 2014	Date Due M M / D D / Y 11/30/14	Interest Rate 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	------------------------------------	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional).....	<input type="text" value="5000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="5000.00"/>

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