

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 09 / 09 / 2014 in the State of MA

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

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

Election on / / in the State of

5. Covering Period

07 / 01 / 2014 through 08 / 20 / 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

04 / 06 / 2015

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3 (Revised 02/2003)

**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))....	4244.00	82014.67
(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)).....	4244.00	82014.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	15170.08	62476.76
(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)).....	15170.08	62476.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	19537.91	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2475.00	55432.84
(ii) Unitemized.....	1769.00	26395.83
(iii) TOTAL of contributions from individuals ▶	4244.00	81828.67
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	186.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4244.00	82014.67
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4244.00	82014.67

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15170.08	62476.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15170.08	62476.76

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	30463.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4244.00
25. SUBTOTAL (add Line 23 and Line 24).....	34707.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15170.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19537.91

**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 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**DeFranco for Congress**

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

Mailing Address 60 Heath Street

City State Zip Code  
Brookline MA 02445

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

Name of Employer Occupation  
None None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : SA11AI.5157**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 21 Niagara Pier

City State Zip Code  
Erie PA 16507

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11AI.5156**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 48 East Street

City State Zip Code  
Ipswich MA 01938

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.5150**

Amount of Each Receipt this Period  
50.00

**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 6 OF 16
	<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  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : SA11AI.5163**

Amount of Each Receipt this Period  
100.00

**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  
465.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.5198**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Brandon Fishwick**

Mailing Address 16 Mechanic Street Unit 2

City Milford State MA Zip Code 01757

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

Name of Employer Alternatives Unlimited, Inc. Occupation Mental Health Counselor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11AI.5195**

Amount of Each Receipt this Period  
25.00

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

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

225.00

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

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

FOR LINE NUMBER: PAGE 7 OF 16  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DeFranco for Congress**

**A.** 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  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11AI.5148**

Amount of Each Receipt this Period  
100.00

**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  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2014

**Transaction ID : SA11AI.5194**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Nance Hoffman**

Mailing Address 1855 Campden Way

City State Zip Code  
Fairview PA 16415

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : SA11AI.5158**

Amount of Each Receipt this Period  
200.00

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

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

400.00

**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 16
	<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)  
**Frank Leary**

Mailing Address 16 Lakeview Rd

City Middleton State MA Zip Code 01949

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 **290.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : SA11AI.5188**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dolores Mangoni**

Mailing Address 3924 Sterrettania Road

City Erie State PA Zip Code 16506

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 **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : SA11AI.5187**

Amount of Each Receipt this Period  
**50.00**

**C.** 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 **310.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.5147**

Amount of Each Receipt this Period  
**10.00**

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

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

**110.00**



**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 16
	<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: **335.00**

Date of Receipt: 07 / 17 / 2014

**Transaction ID : SA11AI.5149**

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: 07 / 28 / 2014

**Transaction ID : SA11AI.5152**

Amount of Each Receipt this Period: **15.00**

**C.** 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: **375.00**

Date of Receipt: 08 / 16 / 2014

**Transaction ID : SA11AI.5192**

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

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

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

**65.00**

**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 16
	<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)  
**Julius Pajarillaga**

Mailing Address 154 High Street

City Ipswich State MA Zip Code 01938

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

Name of Employer Self Occupation Deli Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5168**

Amount of Each Receipt this Period  
 200.00

Amount of Each Receipt this Period  
 265.00

**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

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2014

**Transaction ID : SA11AI.5193**

Amount of Each Receipt this Period  
 25.00

Amount of Each Receipt this Period  
 250.00

**C.** 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  
 08 / 05 / 2014

**Transaction ID : SA11AI.5183**

Amount of Each Receipt this Period  
 800.00  
 In-kind -Food & beverage for fundraising event

Amount of Each Receipt this Period  
 1800.00

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

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

1025.00

2475.00

**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 16			
	<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) <b>A. BL Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 4417 Acushnet Avenue		Amount of Each Disbursement this Period 370.44
City New Bedford	State MA	
Zip Code 02745	Purpose of Disbursement Insurance for campaign office	<b>Transaction ID : SB17.5210</b>
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>B. Regina Clewell</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 26 Wethersfield Street		Amount of Each Disbursement this Period 456.00
City Rowley	State MA	
Zip Code 01969	Purpose of Disbursement Website updates	<b>Transaction ID : SB17.5209</b>
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>C. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2014
Mailing Address 387 W Broadway		Amount of Each Disbursement this Period 131.87
City Boston	State MA	
Zip Code 02127	Purpose of Disbursement Phone & Internet for Campaign Office	<b>Transaction ID : SB17.5204</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	958.31
<b>TOTAL</b> 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 16			
	<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) <b>A. Comcast</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address 387 W Broadway		Amount of Each Disbursement this Period 132.57 <b>Transaction ID : SB17.5216</b>
City Boston	State MA Zip Code 02127	
Purpose of Disbursement Phone & Internet for campaign office		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>B. ConnectPay</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2014
Mailing Address 2352 Main Street Suite 303		Amount of Each Disbursement this Period 231.99 <b>Transaction ID : SB17.5222</b>
City Concord	State MA Zip Code 01742	
Purpose of Disbursement Payroll fees & taxes for Germejni		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>c. ConnectPay</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014
Mailing Address 2352 Main Street Suite 303		Amount of Each Disbursement this Period 132.44 <b>Transaction ID : SB17.5230</b>
City Concord	State MA Zip Code 01742	
Purpose of Disbursement Payroll fees & taxes for Germejni		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	497.00
<b>TOTAL</b> 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 16			
	<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) <b>A. ConnectPay</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014
Mailing Address 2352 Main Street Suite 303		Amount of Each Disbursement this Period 62.50
City Concord	State MA	
Zip Code 01742	Purpose of Disbursement Payroll fees & taxes for Germerji	<b>Transaction ID : SB17.5231</b>
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>B. Constant Contact</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address Reservoir Place, 1601 Trapelo Road		Amount of Each Disbursement this Period 15.94
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement Monthly fee, Press Releases	<b>Transaction ID : SB17.5218</b>
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>c. Ellis Strategies</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2014
Mailing Address 11 Cedar Knoll		Amount of Each Disbursement this Period 2500.00
City Boxford	State MA	
Zip Code 01921	Purpose of Disbursement Shooting & Production of campaign commercial	<b>Transaction ID : SB17.5227</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2578.44
<b>TOTAL</b> 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 16			
	<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) <b>A. Maura Flynn</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 18 Patti Lane		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.5201</b>
City Maynard	State MA	
Purpose of Disbursement June, Campaign managing	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Erie Germenji</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 11 Central Street		Amount of Each Disbursement this Period 523.76 <b>Transaction ID : SB17.5220</b>
City Beverly	State MA	
Purpose of Disbursement Wages, Field Director	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Erie Germenji</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 11 Central Street		Amount of Each Disbursement this Period 334.35 <b>Transaction ID : SB17.5229</b>
City Beverly	State MA	
Purpose of Disbursement Wages, Field Director	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2358.11
<b>TOTAL</b> 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 16			
	<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) <b>A. John Guilfoil</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 1 Westinghouse Plaza, Unit 315		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.5205</b>
City Boston State MA Zip Code 02136	Purpose of Disbursement Communications, Press & Public Relations 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>B. Phoebe Ramler &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 220 Walnut Street		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.5207</b>
City Brookline State MA Zip Code 02445	Purpose of Disbursement Makeup for Commercial shoot 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>c. Jacalyn Stuart Bennett</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 52 Rogers Street		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.5200</b>
City West Newbury State MA Zip Code 01985	Purpose of Disbursement In-kind -Food & beverage for fundraising event Candidate Name Category/Type 003	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2700.00
<b>TOTAL</b> 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 16	
	<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) <b>A. Ted Kontos</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 14 North Main Street		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.5217</b>
City Middleton	State MA	
Zip Code 01949	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>B. WCVB Channel 5</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 5 TV Place		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.5225</b>
City Needham	State MA	
Zip Code 02494	Purpose of Disbursement Advertising campaign commercial	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>C. Yankee Homecoming Parade</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address PO Box 493		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5214</b>
City Newburyport	State MA	
Zip Code 01950	Purpose of Disbursement Entry fee to march in the parade	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5900.00
<b>TOTAL</b> This Period (last page this line number only).....	14991.86