

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ADDIVINOLA COMMITTEE; THE

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))....	27714.35	6810.00
(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)).....	27714.35	6810.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3662.27	1200.00
(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)).....	3662.27	1200.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	96617.75	
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).....	57148.03	

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

ADDIVINOLA COMMITTEE; THE

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).....	10700.00	4925.00
(ii) Unitemized.....	13564.35	1885.00
(iii) TOTAL of contributions from individuals ▶	24264.35	6810.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3450.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	27714.35	6810.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	31819.47	7951.23
(b) All Other Loans.....	0.00	919.50
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	31819.47	8870.73
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)..... ▶	59533.82	15680.73

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3662.27	1200.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	6825.00	4714.72
(b) Of All Other Loans	0.00	919.50
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	6825.00	5634.22
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) ►	10487.27	6834.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	47571.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	59533.82
25. SUBTOTAL (add Line 23 and Line 24).....	107105.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10487.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	96617.75

**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 191
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Gerard Addivinola		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2013	
Mailing Address 96 Everett St		Transaction ID : SA11AI.5248	
City East Boston	State MA	Zip Code 02128	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 Individual contribution	
Name of Employer N/A	Occupation Retired		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Gerald Aiello		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2013	
Mailing Address 17 Lockeland Rd.		Transaction ID : SA11AI.5257	
City Winchester	State MA	Zip Code 01890	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 Individual contribution	
Name of Employer Self	Occupation Business		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Peter Baker		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 691 Main St		Transaction ID : SA11AI.5318	
City Watertown	State MA	Zip Code 02472	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 Individual contribution	
Name of Employer N/A	Occupation Retired		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 191
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) Richard Bardi		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2013
Mailing Address 47 Jefferson Rd		Transaction ID : SA11AI.5198
City Winchester	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Lawyer	Individual contribution
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) John Bertucci		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2013
Mailing Address 50 Hill St		Transaction ID : SA11AI.5325
City Lexington	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	Individual contribution
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Angela Blais-Lepore		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2013
Mailing Address 68 Central Ave #203		Transaction ID : SA11AI.5253
City Medford	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Home	Individual contribution
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 191
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. David Brown		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2013	
Mailing Address 379 Main Street		Transaction ID : SA11AI.5211	
City Winchester	State MA	Zip Code 01890	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General		Election Cycle-to-Date 500.00	
		Individual contribution	

Full Name (Last, First, Middle Initial) B. Michael Caruccio		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 3 Edward Ave S.		Transaction ID : SA11AI.5342	
City Lynnfield	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer self	Occupation self		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General		Election Cycle-to-Date 350.00	
		Individual contribution	

Full Name (Last, First, Middle Initial) C. Paul Caruccio		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2013	
Mailing Address 4 Michaels Mall		Transaction ID : SA11AI.5282	
City Winthrop	State MA	Zip Code 02152	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self employed	Occupation Business owner		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General		Election Cycle-to-Date 2700.00	
		Individual contribution	

SUBTOTAL of Receipts This Page (optional).....	550.00
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 8 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Dick Close

Mailing Address 1 Harvest Cir #110

City Lincoln State MA Zip Code 01773

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

Name of Employer N/A Occupation Retired

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2013

Transaction ID : SA11AI.5115

Amount of Each Receipt this Period
 250.00

Individual contribution

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

Mailing Address 12 Hearthstone Cir

City Wayland State MA Zip Code 01778

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

Name of Employer N/A Occupation Retired

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2013

Transaction ID : SA11AI.5157

Amount of Each Receipt this Period
 500.00

Individual contribution

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

Mailing Address 234 Causeway St #908

City Boston State MA Zip Code 02114

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

Name of Employer RMD, Inc. Occupation Project Manager

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11AI.5229

Amount of Each Receipt this Period
 250.00

Individual contribution

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 9 OF 191
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Anowsh Dadgar		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 30 Battle Green Rd		Transaction ID : SA11AI.5312	
City Lexington	State MA	Zip Code 02421	Amount of Each Receipt this Period Individual contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dadgar Insurance Agency Inc	Occupation Insurance broker		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Charles Doherty		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2013	
Mailing Address 173 Woburn St		Transaction ID : SA11AI.5276	
City Medford	State MA	Zip Code 02155	Amount of Each Receipt this Period Individual contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Requested	Occupation Requested		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Kevin Fitzgerald		Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2013	
Mailing Address 7 Spruce Lane #1		Transaction ID : SA11AI.5183	
City Natick	State MA	Zip Code 01760	Amount of Each Receipt this Period Individual contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Information Technology	Occupation software programmer		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	550.00

**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 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Donato Frattaroli

Mailing Address 10 Harris St.
Apt 2

City Boston State MA Zip Code 02109

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

Name of Employer Self Occupation Restaurant owner

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : SA11AI.5420

Amount of Each Receipt this Period
400.00

In-kind - catering for campaign event

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

Mailing Address 602 Main St

City Medford State MA Zip Code 02155

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

Name of Employer Requested Occupation Requested

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
325.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2013

Transaction ID : SA11AI.5142

Amount of Each Receipt this Period
250.00

Individual contribution

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

Mailing Address 602 Main St

City Medford State MA Zip Code 02155

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

Name of Employer Requested Occupation Requested

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
425.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : SA11AI.5215

Amount of Each Receipt this Period
100.00

Individual contribution

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Amato Lepore		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2013	
Mailing Address 38 Hall Ave		Transaction ID : SA11AI.5254	
City Medford	State MA	Zip Code 02155	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Requested Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Occupation Requested Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Dan Nakamoto		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2013	
Mailing Address 238 Highland Ave.		Transaction ID : SA11AI.5236	
City Winchester	State MA	Zip Code 01890	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NA Family Inst. Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Occupation Manager Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. Berardino Pasquale		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2013	
Mailing Address 18 Roosevelt Rd		Transaction ID : SA11AI.5204	
City Medford	State MA	Zip Code 02155	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Glenn Street Property Managemr Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Occupation Property management Election Cycle-to-Date 1200.00		

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 12 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Giovanna Pasquale

Mailing Address 220 Forest St

City Medford State MA Zip Code 02155

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

Name of Employer N/A Occupation home

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11AI.5250

Amount of Each Receipt this Period
 700.00

Individual contribution

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

Mailing Address 8 Saddle Hill Rd

City Weston State MA Zip Code 02493

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

Name of Employer RMD, Inc. Occupation Executive

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11AI.5230

Amount of Each Receipt this Period
 500.00

Individual contribution

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

Mailing Address 1550 Worcester Rd.
#508

City Framingham State MA Zip Code 01702

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

Name of Employer N/A Occupation Retired

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA11AI.5138

Amount of Each Receipt this Period
 500.00

Individual contribution

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

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

1700.00

**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 13 OF 191
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Paul Ronukaitus

Mailing Address 17 Centre St

City Winthrop State MA Zip Code 02152

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

Name of Employer American Airlines Occupation Airline employee

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11AI.5188

Amount of Each Receipt this Period
 100.00

Individual contribution

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

Mailing Address 15 Perry Lane

City Weston State MA Zip Code 02493

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

Name of Employer Requested Occupation Requested

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11AI.5299

Amount of Each Receipt this Period
 250.00

Individual contribution

C. Full Name (Last, First, Middle Initial)
W. Thomas Spencer, Jr.

Mailing Address 114 Sudbury St.

City Marlborough State MA Zip Code 01752

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

Name of Employer Spencer Financial LLC Occupation Managing Partner

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 03 / 2013

Transaction ID : SA11AI.5105

Amount of Each Receipt this Period
 500.00

Individual contribution

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

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

850.00

**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 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Cynthia Terwilliger

Mailing Address 7 Arlington St #8

City State Zip Code
Cambridge MA 02140

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

Name of Employer Occupation
RBS Citizens SVP / Private Equity Banking

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : SA11AI.5258

Amount of Each Receipt this Period
250.00

Individual contribution

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

Mailing Address 82 Salisbury Street

City State Zip Code
Winchester MA 01890

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

Name of Employer Occupation
Self Engineer

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2013

Transaction ID : SA11AI.5134

Amount of Each Receipt this Period
100.00

Individual contribution

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

Mailing Address 82 Salisbury Street

City State Zip Code
Winchester MA 01890

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

Name of Employer Occupation
Self Engineer

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : SA11AI.5194

Amount of Each Receipt this Period
50.00

Individual contribution

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 15 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Ed Tonello

Mailing Address 82 Salisbury Street

City Winchester State MA Zip Code 01890

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

Name of Employer Self Occupation Engineer

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 20 / 2013

Transaction ID : SA11AI.5346

Amount of Each Receipt this Period
 _____ 50.00

Individual contribution

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

Mailing Address 4 Lillian Ln

City Arlington State MA Zip Code 02474

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

Name of Employer N/A Occupation Home

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11AI.5228

Amount of Each Receipt this Period
 _____ 250.00

Individual contribution

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

Mailing Address 14 Dix St

City Winchester State MA Zip Code 01890

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

Name of Employer Requested Occupation Requested

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11AI.5227

Amount of Each Receipt this Period
 _____ 250.00

Individual contribution

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

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

_____ 550.00

**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 191
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Jennifer Williams		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2013
Mailing Address 19 Shaw Drive		Transaction ID : SA11A1.5277
City Wayland	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Requested	Occupation Requested	Individual contribution
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 250.00	

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

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

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	10700.00

**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 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Buba Election Committee

Mailing Address 130 Endicott St

City State Zip Code
Lowell MA 01854

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11C.5225

Amount of Each Receipt this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Committee to Elect George Georgountzos

Mailing Address 38 Montvale Ave #320

City State Zip Code
Stoneham MA 02180

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11C.5242

Amount of Each Receipt this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Committee to Elect Jim Dixon

Mailing Address PO Box 540254

City State Zip Code
Waltham MA 02454

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11C.5355

Amount of Each Receipt this Period

Contribution

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

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 18 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
New Mass Playbook PAC (Mass. ID 80895)

Mailing Address 174 Lowell St

City Peabody State MA Zip Code 01960

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

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2013

Transaction ID : SA11C.5352

Amount of Each Receipt this Period
 Contribution 50.00

B. Full Name (Last, First, Middle Initial)
The People's Seat PAC

Mailing Address 138 Conant St

City Beverly State MA Zip Code 01915

FEC ID number of contributing federal political committee. **C** C00467233

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2013

Transaction ID : SA11C.5371

Amount of Each Receipt this Period
 Contribution 1000.00

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

Mailing Address 41 Moore Rd

City Wayland State MA Zip Code 01778

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

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2013

Transaction ID : SA11C.5268

Amount of Each Receipt this Period
 Contribution 100.00

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

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

1150.00

**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 19 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Weston RTC

Mailing Address P.O. BOX 295

City Weston State MA Zip Code 02493

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

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 20 / 2013

Transaction ID : SA11C.5369

Amount of Each Receipt this Period
 Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
Winchester Republican Town Committee

Mailing Address 53 Brookside Ave

City Winchester State MA Zip Code 01890

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

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 09 / 2013

Transaction ID : SA11C.5178

Amount of Each Receipt this Period
 Individual contribution 500.00

C. Full Name (Last, First, Middle Initial)
Womens Republican Club of Winchester

Mailing Address P.O. BOX 166

City Winchester State MA Zip Code 01890

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

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11C.5231

Amount of Each Receipt this Period
 Contribution 500.00

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

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

2000.00

3450.00

**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 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
39572.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA13A.5380

Amount of Each Receipt this Period
990.00

Candidate Loan - USPS permit deposit

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
40082.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : SA13A.5382

Amount of Each Receipt this Period
510.00

Candidate Loan - USPS permit deposit

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
40686.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : SA13A.5429

Amount of Each Receipt this Period
604.04

Candidate Loan - Connolly Printing: yard signs

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

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

2104.04

**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 21 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
41543.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : SA13A.5430

Amount of Each Receipt this Period
856.90

Candidate Loan - Post card printing

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
42518.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2013

Transaction ID : SA13A.5384

Amount of Each Receipt this Period
975.00

Candidate Loan - USPS permit deposit

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
43268.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA13A.5385

Amount of Each Receipt this Period
750.00

Candidate Loan - USPS permit deposit

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

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

2581.90

**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 22 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
43839.77

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA13A.5431

Amount of Each Receipt this Period
571.00

Candidate Loan - Literature printing

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
44025.57

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 05 / 2013

Transaction ID : SA13A.5436

Amount of Each Receipt this Period
185.80

Candidate Loan - airline ticket to/from DC

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
44525.57

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA13A.5386

Amount of Each Receipt this Period
500.00

Candidate Loan - USPS permit deposit

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

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

1256.80

**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 23 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
44777.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA13A.5423

Amount of Each Receipt this Period
 252.00

Candidate Loan - postal box

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
44977.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA13A.5432

Amount of Each Receipt this Period
 200.00

Candidate Loan - Event tickets Mass Family Inst.

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
45952.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2013

Transaction ID : SA13A.5387

Amount of Each Receipt this Period
 975.00

Candidate Loan - USPS permit deposit

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

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

1427.00

**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 24 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
46272.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2013

Transaction ID : SA13A.5424

Amount of Each Receipt this Period
 320.00

Candidate Loan - dedicated web server

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
47247.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA13A.5389

Amount of Each Receipt this Period
 975.00

Candidate Loan - USPS permit deposit

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
48197.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2013

Transaction ID : SA13A.5390

Amount of Each Receipt this Period
 950.00

Candidate Loan - USPS permit deposit

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

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

2245.00

**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 25 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
48653.73

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA13A.5394

Amount of Each Receipt this Period
456.16

Candidate Loan - Staples: supplies

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
49640.01

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA13A.5427

Amount of Each Receipt this Period
986.28

Candidate Loan - phone call credits

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
50174.98

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA13A.5433

Amount of Each Receipt this Period
534.97

Candidate Loan - Connolly Printing: yard signs

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

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

1977.41

**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 26 OF 191
	<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	

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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2013	
Mailing Address 1 Longfellow Place #2620 City Boston State MA Zip Code 02114		Transaction ID : SA13A.5391	
FEC ID number of contributing federal political committee. C H2MA05120		Amount of Each Receipt this Period 611.51 Candidate Loan - USPS permit deposit	
Name of Employer Self Occupation Attorney			
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 50786.49	

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2013	
Mailing Address 1 Longfellow Place #2620 City Boston State MA Zip Code 02114		Transaction ID : SA13A.5416	
FEC ID number of contributing federal political committee. C H2MA05120		Amount of Each Receipt this Period 20.00 Candidate Loan - donation	
Name of Employer Self Occupation Attorney			
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 50806.49	

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2013	
Mailing Address 1 Longfellow Place #2620 City Boston State MA Zip Code 02114		Transaction ID : SA13A.5428	
FEC ID number of contributing federal political committee. C H2MA05120		Amount of Each Receipt this Period 300.00 Candidate Loan - phone call credits	
Name of Employer Self Occupation Attorney			
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 51106.49	

SUBTOTAL of Receipts This Page (optional).....	931.51
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 27 OF 191
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
51731.19

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2013

Transaction ID : SA13A.5406

Amount of Each Receipt this Period
624.70

Candidate Loan - Primary Victory Party - food & drinks

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
52855.32

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2013

Transaction ID : SA13A.5434

Amount of Each Receipt this Period
1124.13

Candidate Loan - Connolly Printing: yard signs

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
53067.81

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA13A.5435

Amount of Each Receipt this Period
212.49

Candidate Loan - campaign phone

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

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

1961.32

**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 28 OF 191
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2013	
Mailing Address 1 Longfellow Place #2620		Transaction ID : SA13A.5413	
City Boston State MA Zip Code 02114	Amount of Each Receipt this Period _____ 20.00 Candidate Loan - town of Natick - parking fee		
FEC ID number of contributing federal political committee. C H2MA05120	Name of Employer Self Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date _____ 53087.81		

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2013	
Mailing Address 1 Longfellow Place #2620		Transaction ID : SA13A.5426	
City Boston State MA Zip Code 02114	Amount of Each Receipt this Period _____ 83.94 Candidate Loan - web services & subscriptions		
FEC ID number of contributing federal political committee. C H2MA05120	Name of Employer Self Occupation Attorney		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date _____ 53171.75		

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2013	
Mailing Address 1 Longfellow Place #2620		Transaction ID : SA13A.5437	
City Boston State MA Zip Code 02114	Amount of Each Receipt this Period _____ 42.82 Candidate Loan - DC transport		
FEC ID number of contributing federal political committee. C H2MA05120	Name of Employer Self Occupation Attorney		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date _____ 53214.57		

SUBTOTAL of Receipts This Page (optional).....	_____ 146.76
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 29 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
53474.84

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA13A.5407

Amount of Each Receipt this Period
260.27

Candidate Loan - fuel & auto 10/01-10/31

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
53505.10

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA13A.5412

Amount of Each Receipt this Period
30.26

Candidate Loan - office keys

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
54005.10

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA13A.5418

Amount of Each Receipt this Period
500.00

Candidate Loan - office liability insurance

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

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

790.53

**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 30 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place #2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date **54022.09**

Date of Receipt **10 / 26 / 2013**

Transaction ID : SA13A.5411

Amount of Each Receipt this Period **16.99**

Candidate Loan - Target: office supplies

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place #2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date **54737.28**

Date of Receipt **10 / 29 / 2013**

Transaction ID : SA13A.5439

Amount of Each Receipt this Period **715.19**

Candidate Loan - literature printing

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place #2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date **55116.65**

Date of Receipt **10 / 30 / 2013**

Transaction ID : SA13A.5392

Amount of Each Receipt this Period **379.37**

Candidate Loan - postage & USPS permit deposits

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

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

1111.55

**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 31 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
55308.05

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2013

Transaction ID : SA13A.5395

Amount of Each Receipt this Period
191.40

Candidate Loan - Staples: supplies

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
59808.05

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2013

Transaction ID : SA13A.5512

Amount of Each Receipt this Period
4500.00

Candidate Loan - Blackboard Cons.

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
59943.60

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2013

Transaction ID : SA13A.5404

Amount of Each Receipt this Period
135.55

Candidate Loan - fuel for field coordinator

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

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

4826.95

**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 32 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place #2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date **59968.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : SA13A.5409

Amount of Each Receipt this Period
 25.00

Candidate Loan - raffle donation CVS gift card

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place #2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date **60402.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : SA13A.5451

Amount of Each Receipt this Period
 434.00

Candidate Loan - web development & server admin

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place #2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date **60450.40**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2013

Transaction ID : SA13A.5443

Amount of Each Receipt this Period
 47.80

Candidate Loan - router

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

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

506.80

**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 33 OF 191
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
60530.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2013

Transaction ID : SA13A.5405

Amount of Each Receipt this Period
80.00

Candidate Loan - event tickets Mass Family Institute donation

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
60850.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2013

Transaction ID : SA13A.5425

Amount of Each Receipt this Period
320.00

Candidate Loan - dedicated web server

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
61604.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2013

Transaction ID : SA13A.5444

Amount of Each Receipt this Period
754.00

Candidate Loan - literature

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

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

1154.00

**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 34 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
61789.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 06 / 2013

Transaction ID : SA13A.5415

Amount of Each Receipt this Period
185.00

Candidate Loan - Memberships: MDSA, DLV, ITAM

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
61855.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 08 / 2013

Transaction ID : SA13A.5422

Amount of Each Receipt this Period
65.80

Candidate Loan - Nov. web services & subscriptions

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
62853.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 08 / 2013

Transaction ID : SA13A.5445

Amount of Each Receipt this Period
998.00

Candidate Loan - 127Consulting: data services

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

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

1248.80

**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 35 OF 191
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
62993.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2013

Transaction ID : SA13A.5414

Amount of Each Receipt this Period
140.00

Candidate Loan - events tickets: Vet Day & Freedoms Foundation

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
63119.51

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2013

Transaction ID : SA13A.5403

Amount of Each Receipt this Period
126.31

Candidate Loan - take out meals for volunteers

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
65537.51

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		11		2013

Transaction ID : SA13A.5441

Amount of Each Receipt this Period
2418.00

Candidate Loan - yard signs

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

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

2684.31

**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 36 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
65648.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 12 / 2013

Transaction ID : SA13A.5446

Amount of Each Receipt this Period
111.02

Candidate Loan - banners

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
65862.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 12 / 2013

Transaction ID : SA13A.5447

Amount of Each Receipt this Period
213.89

Candidate Loan - airline ticket to/from DC

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
65892.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : SA13A.5417

Amount of Each Receipt this Period
30.00

Candidate Loan - event ticket MFRW

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

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

354.91

**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 37 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2013	
Mailing Address 1 Longfellow Place #2620		Transaction ID : SA13A.5400	
City Boston State MA Zip Code 02114	Amount of Each Receipt this Period 710.27 Candidate Loan - office snacks 10/01 - 11/20		
FEC ID number of contributing federal political committee. C H2MA05120	Name of Employer Self Occupation Attorney		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 66602.69		

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2013	
Mailing Address 1 Longfellow Place #2620		Transaction ID : SA13A.5408	
City Boston State MA Zip Code 02114	Amount of Each Receipt this Period 365.55 Candidate Loan - fuel & auto 11/01-11/20		
FEC ID number of contributing federal political committee. C H2MA05120	Name of Employer Self Occupation Attorney		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 66968.24		

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2013	
Mailing Address 1 Longfellow Place #2620		Transaction ID : SA13A.5393	
City Boston State MA Zip Code 02114	Amount of Each Receipt this Period 1417.26 Candidate Loan - USPS postage & permit deposit		
FEC ID number of contributing federal political committee. C H2MA05120	Name of Employer Self Occupation Attorney		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Election Cycle-to-Date 68385.50		

SUBTOTAL of Receipts This Page (optional).....	2493.08
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 38 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

A. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
69074.97

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA13A.5397

Amount of Each Receipt this Period
689.47

Candidate Loan - Staples: supplies

B. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
70075.31

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA13A.5442

Amount of Each Receipt this Period
1000.34

Candidate Loan - stakes for yard signs

C. Full Name (Last, First, Middle Initial)
Frank John Addivinola Jr.

Mailing Address 1 Longfellow Place
#2620

City Boston State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C H2MA05120**

Name of Employer Self Occupation Attorney

Receipt For: 2013
 Primary General
 Other (specify) Special-General

Election Cycle-to-Date
70091.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2013

Transaction ID : SA13A.5401

Amount of Each Receipt this Period
15.93

Candidate Loan - DunkinDonuts for volunteers

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

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

1705.74

**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 39 OF 191
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 1 Longfellow Place #2620 City Boston State MA Zip Code 02114		Transaction ID : SA13A.5410	
FEC ID number of contributing federal political committee. C H2MA05120		Amount of Each Receipt this Period 28.66 Candidate Loan - tablet case	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 70119.90		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General			

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 1 Longfellow Place #2620 City Boston State MA Zip Code 02114		Transaction ID : SA13A.5448	
FEC ID number of contributing federal political committee. C H2MA05120		Amount of Each Receipt this Period 200.00 Candidate Loan - function room deposit	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 70319.90		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General			

Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 1 Longfellow Place #2620 City Boston State MA Zip Code 02114		Transaction ID : SA13A.5450	
FEC ID number of contributing federal political committee. C H2MA05120		Amount of Each Receipt this Period 82.40 Candidate Loan - DC cabs, meal & metro	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 70402.30		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General			

SUBTOTAL of Receipts This Page (optional).....	311.06
TOTAL This Period (last page this line number only).....	31819.47

**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 40 OF 191			
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Paul Caruccio			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013	
Mailing Address 4 Michaels Mall			Amount of Each Disbursement this Period 500.00	
City Winthrop	State MA	Zip Code 02152	Transaction ID : SB17.5456	
Purpose of Disbursement Field coordinator: 9/1-9/30		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Paul Caruccio			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013	
Mailing Address 4 Michaels Mall			Amount of Each Disbursement this Period 350.00	
City Winthrop	State MA	Zip Code 02152	Transaction ID : SB17.5455	
Purpose of Disbursement field coordinator: 10/1-10/15		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. Volha Charlton			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013	
Mailing Address Boston			Amount of Each Disbursement this Period 375.00	
City Boston	State MA	Zip Code 02114	Transaction ID : SB17.5466	
Purpose of Disbursement Admin support services		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	1225.00
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 41 OF 191			
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Volha Charlton		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address Boston		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.5467
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Admin support services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: District:		

Full Name (Last, First, Middle Initial) B. Volha Charlton		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address Boston		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5468
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Admin support services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: District:		

Full Name (Last, First, Middle Initial) c. Cummings Executive Suites		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 100 Trade Center Ste. 700-G		Amount of Each Disbursement this Period 625.00 Transaction ID : SB17.5463
City Woburn	State MA Zip Code 01801	
Purpose of Disbursement Office rental	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1150.00
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 42 OF 191			
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Donato Frattaroli		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 10 Harris St. Apt 2		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.5421
City Boston	State MA Zip Code 02109	
Purpose of Disbursement In-kind - catering for campaign event		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: District:		

Full Name (Last, First, Middle Initial) B. Todd Mahoney		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 62 Locust Street		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5454
City Winthrop	State MA Zip Code 02152	
Purpose of Disbursement video production		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: District:		

Full Name (Last, First, Middle Initial) c. PayPal, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 132.27 Transaction ID : SB17.5458
City San Jose	State CA Zip Code 95131	
Purpose of Disbursement Credit card fees: 10/1-11/20		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).....	832.27
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 43 OF 191			
	<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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Sons of Italy of Winchester			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013	
Mailing Address 117 Swanton St.			Amount of Each Disbursement this Period 375.00	
City Winchester	State MA	Zip Code 08190	Transaction ID : SB17.5460	
Purpose of Disbursement Event hall rental		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General			
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).....	375.00
TOTAL This Period (last page this line number only).....	3582.27

**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 44 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 335.83 Transaction ID : SB19A.5469
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 365.79 Transaction ID : SB19A.5470
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 123.38 Transaction ID : SB19A.5471
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	

SUBTOTAL of Disbursements This Page (optional).....	825.00
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 45 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 48.95 Transaction ID : SB19A.5479
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05		

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 20.39 Transaction ID : SB19A.5480
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05		

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 125.00 Transaction ID : SB19A.5481
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05		

SUBTOTAL of Disbursements This Page (optional).....	194.34
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 46 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 149.20 Transaction ID : SB19A.5482
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 6.46 Transaction ID : SB19A.5483
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 216.29 Transaction ID : SB19A.5484
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

SUBTOTAL of Disbursements This Page (optional).....	371.95
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 47 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 42.12
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name		Transaction ID : SB19A.5485
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05	Category/Type	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 27.30
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name		Transaction ID : SB19A.5486
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05	Category/Type	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 93.00
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name		Transaction ID : SB19A.5487
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	162.42
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 48 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 93.84 Transaction ID : SB19A.5488
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 52.79 Transaction ID : SB19A.5489
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 50.00 Transaction ID : SB19A.5490
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

SUBTOTAL of Disbursements This Page (optional).....	196.63
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 49 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 100.00 Transaction ID : SB19A.5491
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Loan repayment to Candidate		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05		

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 10.00 Transaction ID : SB19A.5492
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Loan repayment to Candidate		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05		

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 100.00 Transaction ID : SB19A.5493
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Loan repayment to Candidate		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05		

SUBTOTAL of Disbursements This Page (optional).....	130.00
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 50 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 94.66 Transaction ID : SB19A.5494
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 26.78 Transaction ID : SB19A.5472
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 70.00 Transaction ID : SB19A.5473
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

SUBTOTAL of Disbursements This Page (optional).....	191.44
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 51 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 452.17 Transaction ID : SB19A.5474
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 100.00 Transaction ID : SB19A.5475
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 100.00 Transaction ID : SB19A.5476
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

SUBTOTAL of Disbursements This Page (optional).....	652.17
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 52 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 75.00 Transaction ID : SB19A.5477
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 26.05 Transaction ID : SB19A.5478
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 46.02 Transaction ID : SB19A.5495
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

SUBTOTAL of Disbursements This Page (optional).....	147.07
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 53 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 75.00 Transaction ID : SB19A.5496
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05		

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 100.00 Transaction ID : SB19A.5497
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05		

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 45.00 Transaction ID : SB19A.5498
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: MA District: 05		

SUBTOTAL of Disbursements This Page (optional).....	220.00
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 54 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 50.00 Transaction ID : SB19A.5499
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 165.94 Transaction ID : SB19A.5500
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 10.67 Transaction ID : SB19A.5501
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

SUBTOTAL of Disbursements This Page (optional).....	226.61
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 55 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 130.32
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Loan repayment to Candidate		Transaction ID : SB19A.5502
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Category/ Type
State: MA District: 05		

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 20.00
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Loan repayment to Candidate		Transaction ID : SB19A.5503
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Category/ Type
State: MA District: 05		

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 50.00
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Loan repayment to Candidate		Transaction ID : SB19A.5504
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Category/ Type
State: MA District: 05		

SUBTOTAL of Disbursements This Page (optional).....	200.32
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 56 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 70.00
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Loan repayment to Candidate		Transaction ID : SB19A.5505
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Category/ Type
State: MA District: 05		

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 48.00
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Loan repayment to Candidate		Transaction ID : SB19A.5506
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Category/ Type
State: MA District: 05		

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 1168.82
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Loan repayment to Candidate		Transaction ID : SB19A.5507
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	Category/ Type
State: MA District: 05		

SUBTOTAL of Disbursements This Page (optional).....	1286.82
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 57 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 20.23 Transaction ID : SB19A.5508
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) B. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 299.77 Transaction ID : SB19A.5509
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) C. Frank John Addivinola Jr.		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 1 Longfellow Place #2620		Amount of Each Disbursement this Period 1125.00 Transaction ID : SB19A.5510
City Boston State MA Zip Code 02114	Purpose of Disbursement Loan repayment to Candidate	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	

SUBTOTAL of Disbursements This Page (optional).....	1445.00
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 58 OF 191	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
ADDIVINOLA COMMITTEE; THE

Full Name (Last, First, Middle Initial) A. Frank John Addivinola Jr.			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013	
Mailing Address 1 Longfellow Place #2620			Amount of Each Disbursement this Period 575.23	
City Boston	State MA	Zip Code 02114	Transaction ID : SB19A.5511	
Purpose of Disbursement Loan repayment to Candidate		Category/ Type		
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General			
State: MA District: 05				

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).....	575.23
TOTAL This Period (last page this line number only).....	6825.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4608

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
750.58 750.58 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

05

2012

12/31/2014

0.00

% (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4603**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
365.79	365.79	0.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	09 / 09 / 2012	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <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="0.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4607**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.16	150.16	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 15 / 2012	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4613**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70.00	70.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 16 / Y 2012	M / D / Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <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).....	0.00
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4610**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
452.17	452.17	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 27 / 2012	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	[] 0.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4626**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan 100.00	Cumulative Payment To Date 100.00	Balance Outstanding at Close of This Period 0.00
-----------------------------------	--------------------------------------	---

TERMS
 Date Incurred: M 10 / D 06 / Y 2012
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4627**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100.00 100.00 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

10

06

2012

12/31/2014

0.00

% (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 0.00
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4624**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75.00	75.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y 10 / 10 / 2012	M M / D D / Y Y Y Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <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).....	0.00
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4623**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75.00	75.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y 10 / 19 / 2012	M M / D D / Y Y Y Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <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).....	0.00
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4616**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20.39	20.39	0.00

TERMS
 Date Incurred: M 10 / D 20 / Y 2012
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes 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).....
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4625

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

125.00

Cumulative Payment To Date

125.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 23 / 2012

M M / D D / Y Y Y Y
12/31/2014

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

0.00

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4618**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place Other (specify) ▼
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
149.20	149.20	0.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 11 / D 28 / Y 2012 M M / D D / Y 12/31/2014 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4619**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Frank John Addivinola Jr.** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan 222.75	Cumulative Payment To Date 222.75	Balance Outstanding at Close of This Period 0.00
-----------------------------------	--------------------------------------	---

TERMS
 Date Incurred: M 12 / D 14 / Y 2012
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional) ▶ [] 0.00
TOTALS This Period (last page in this line only) ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4667**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
42.12 42.12 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

08

2013

12/31/14

0.00

% (apr)

Yes

No

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

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

SUBTOTALS This Period This Page (optional)..... 0.00
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4666**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 27.30	Cumulative Payment To Date 27.30	Balance Outstanding at Close of This Period 0.00
----------------------------------	-------------------------------------	---

TERMS

Date Incurred: M 01 / D 23 / Y 2013
 Date Due: M / D / Y 12/31/14
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4617**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
93.00	93.00	0.00

TERMS Date Incurred: M 01 / D 28 / Y 2013 Date Due: M / D / Y 12/31/2014 Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4671**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 93.84	Cumulative Payment To Date 93.84	Balance Outstanding at Close of This Period 0.00
----------------------------------	-------------------------------------	---

TERMS

Date Incurred: M 01 / D 31 / Y 2013
 Date Due: M / D / Y 12/31/14
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4673**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620	

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
52.79	52.79	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 07 / 2013	12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4663

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary
 General
 Other (specify) ▼

Mailing Address
1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50.00 50.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 14 / 2013 M M / D D / 12/31/14 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4670**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20.00	20.00	0.00

TERMS Date Incurred: M 03 / D 16 / Y 2013 Date Due: M M / D D / Y Y Y Y 12/31/14 Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	[] 0.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4665

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10.00 10.00 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03 / 17 / 2013

/ / 12/31/14

0.00 % (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 0.00
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4664**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 100.00	Cumulative Payment To Date 100.00	Balance Outstanding at Close of This Period 0.00
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TERMS

Date Incurred: M 03 / D 25 / Y 2013
 Date Due: M M / D D / Y 12/31/14
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4672**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		
City Boston	State MA	ZIP Code 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
140.68	140.68	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2013	M M / D D / Y 12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4680**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75.00	75.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 21 / Y 2013	M / D / Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4681**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

100.00

Cumulative Payment To Date

100.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M 04 / D 25 / Y 2013

Date Due

M / D / Y 12/31/2014

Interest Rate

0.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

0.00

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4679**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45.00	45.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 26 / Y 2013	M M / D D / Y 12/31/2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4678**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50.00	50.00	0.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 04 / 30 / 2013	M M / D D / Y Y Y Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4683

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

165.94

Cumulative Payment To Date

165.94

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M 04 / D 30 / Y 2013

Date Due

M M / D D / Y 12/31/2014

Interest Rate

0.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4675**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10.67	10.67	0.00

TERMS Date Incurred: M 05 / D 05 / Y 2013 Date Due: M 09 / D 01 / Y 0011 Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	[] 0.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4684**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
130.32	130.32	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 25 / 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4676**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20.00	20.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 30 / 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4677**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50.00	50.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 31 / 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4682**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70.00	70.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 09 / 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4685

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
48.00 48.00 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

29

2013

12/31/2014

0.00

% (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4842**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 320.00	Cumulative Payment To Date 320.00	Balance Outstanding at Close of This Period 0.00
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TERMS

Date Incurred M 07 / D 02 / Y 2013	Date Due M M / D D / Y 12/31/2015	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4841**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1168.82	1168.82	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 08 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4808

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1125.00

1125.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07

21

2013

12/31/2015

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4816**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
734.14	575.23	158.91

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 31 / Y 2013	M M / D D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <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).....	158.91
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4821**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
143.94	0.00	143.94

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 31 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	143.94
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4826**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
325.86	0.00	325.86

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 31 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	325.86
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4838**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 07 / D 31 / Y 2013
 Date Due: M / D / Y 12/31/2015
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 3000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4810**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1598.00 0.00 1598.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

05

2013

12/31/2015

0.00

% (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 1598.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4844**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 320.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 320.00
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TERMS

Date Incurred M 08 / D 05 / Y 2013	Date Due M / D / Y 12/31/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	▶	[] 320.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4811**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
730.00	0.00	730.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 06 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	730.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4812**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 900.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 900.00
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TERMS

Date Incurred M 08 / D 08 / Y 2013	Date Due M / D / Y 12/31/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	▶	900.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4809**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 40.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40.00
----------------------------------	------------------------------------	--

TERMS

Date Incurred M 08 / D 11 / Y 2013	Date Due M / D / Y 12/31/2015	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	40.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4829**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
225.00 0.00 225.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

21

2013

12/31/2015

0.00

% (apr)

Yes

No

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

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

SUBTOTALS This Period This Page (optional)..... 225.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4846**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

308.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

308.00

TERMS

Date Incurred

08 / 22 / 2013

Date Due

12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

308.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4847**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place Other (specify) ▼
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
518.14	0.00	518.14

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 23 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	518.14
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4818**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
731.20 0.00 731.20

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

31

2013

12/31/2015

0.00

% (apr)

Yes

No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 731.20

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4822**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr.
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 536.01	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 536.01
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TERMS

Date Incurred M 08 / D 31 / Y 2013	Date Due M / D / Y 12/31/2015	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	536.01
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4827**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 178.83	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 178.83
-----------------------------------	------------------------------------	---

TERMS

Date Incurred M 08 / D 31 / Y 2013	Date Due M / D / Y 12/31/2015	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 178.83
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4839**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3000.00 0.00 3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

31

2013

12/31/2015

0.00

% (apr)

Yes

No

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

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

SUBTOTALS This Period This Page (optional)..... 3000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4845

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
61.62 0.00 61.62

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

01

2013

12/31/2015

0.00

% (apr)

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 61.62

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4848**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
320.00	0.00	320.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 02 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	[] 320.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4814**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50.00	0.00	50.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 09 / Y 2013	M / D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <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).....	50.00
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4813

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

267.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

267.00

TERMS

Date Incurred

09 / 10 / 2013

Date Due

12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

267.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4849**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 325.36	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 325.36
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TERMS

Date Incurred M 09 / D 12 / Y 2013	Date Due M / D / Y 12/31/2015	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 325.36
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4850**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address
1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
73.91 0.00 73.91

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 12 / 2013 M M / D D / 12/31/2015 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 73.91
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4832**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
499.00	0.00	499.00

TERMS Date Incurred: 09 / 15 / 2013 Date Due: 12/31/2015 Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	499.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4843**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
95.64	0.00	95.64

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 21 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	95.64
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4831**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 36.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 36.00
----------------------------------	------------------------------------	--

TERMS

Date Incurred: M 09 / D 24 / Y 2013 Date Due: M / D / Y 12/31/2015 Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 36.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4824
ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		
City Boston	State MA	ZIP Code 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
104.17	0.00	104.17

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y 09 / 25 / 2013	M M / D D / Y Y Y Y / / 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	104.17
TOTALS This Period (last page in this line only).....	_____
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4825

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
223.56 0.00 223.56

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

25

2013

12/31/2015

0.00

% (apr)

Yes

No

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

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

SUBTOTALS This Period This Page (optional)..... 223.56

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4853**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
155.04	0.00	155.04

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 09	D 25	Y 2013	M / D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	155.04
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4830**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
160.00	0.00	160.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 26 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	160.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4851

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

2252.50

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2252.50

TERMS

Date Incurred

09 / 27 / 2013

Date Due

12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

2252.50

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4819**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1317.04

0.00

1317.04

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

30

2013

12/31/2015

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1317.04

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4823**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

236.62

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

236.62

TERMS

Date Incurred

09 / 30 / 2013

Date Due

12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

236.62

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4828**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 549.98	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 549.98
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TERMS

Date Incurred: M 09 / D 30 / Y 2013
 Date Due: M / D / Y 12/31/2015
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 549.98

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4834

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

1236.42

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1236.42

TERMS

Date Incurred

09

30

2013

Date Due

12/31/2015

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

1236.42

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4840**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr. Primary
 Mailing Address General
 1 Longfellow Place #2620 Other (specify) ▼

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 4500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4500.00
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TERMS

Date Incurred M 09 / D 30 / Y 2013	Date Due M / D / Y 12/31/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	▶	[] 4500.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.4854**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.81	0.00	150.81

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2013	/ / 2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	150.81
TOTALS This Period (last page in this line only).....	▶	[]

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5380**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr.
 Primary
 General
 Other (specify) ▼
 Special-Primary

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan 990.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 990.00
-----------------------------------	------------------------------------	---

TERMS
 Date Incurred: M 10 / D 01 / Y 2013
 Date Due: M / D / Y 12/31/2015
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 990.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5382

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

510.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

510.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 02 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

510.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.5429**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

604.04

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

604.04

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 02 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

604.04

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5430**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr.
 Primary
 General
 Other (specify) ▼

Mailing Address
 1 Longfellow Place
 #2620

City State ZIP Code
 Boston MA 02114

Original Amount of Loan 856.90	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 856.90
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TERMS

Date Incurred M M / D D / Y Y Y Y 10 / 02 / 2013	Date Due M M / D D / Y Y Y Y 12/31/2015	Interest Rate 0.00 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	856.90
TOTALS This Period (last page in this line only).....	[]

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5384**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
--	-------------------------	--

Mailing Address 1 Longfellow Place #2620	City Boston	State MA	ZIP Code 02114
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Original Amount of Loan 975.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 975.00
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TERMS

Date Incurred M M / D D / Y Y Y Y 10 / 03 / 2013	Date Due M M / D D / Y Y Y Y 12/31/2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="975.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.5385**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 04 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

750.00

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5431**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
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Mailing Address 1 Longfellow Place #2620		
City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
571.00	0.00	571.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y 10 / 04 / 2013	M M / D D / Y Y Y Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="571.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5436**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
185.80	0.00	185.80

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	10 / 05 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	185.80
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5386**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 07 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	500.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5423

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

252.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

252.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 07 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

252.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5432**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 07 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	200.00
TOTALS This Period (last page in this line only).....	▶	[]

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5387**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
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Mailing Address 1 Longfellow Place #2620		
City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
975.00	0.00	975.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 08 / Y 2013	M / D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="975.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5424**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼
Special-General

Mailing Address
1 Longfellow Place
#2620
City State ZIP Code
Boston MA 02114

Original Amount of Loan 320.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 320.00
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TERMS
Date Incurred: M 10 / D 08 / Y 2013
Date Due: M / D / Y 12/31/2015
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 320.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5389**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
975.00	0.00	975.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 09 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	975.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5390**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
950.00	0.00	950.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 10 / Y 2013	M / D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	950.00
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.5394**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

456.16

0.00

456.16

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 11 / 2013

M M / D D / Y Y Y Y
12/31/2015

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

456.16

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5427

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

986.28

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

986.28

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 11 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

986.28

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5433**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
534.97	0.00	534.97

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 11 / Y 2013	M / D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="534.97"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5391**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
611.51	0.00	611.51

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 12 / Y 2013	M / D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	611.51
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5416

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

20.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 14 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

20.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5428

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-Primary

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 14 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2013

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

300.00

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5406**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
624.70	0.00	624.70

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 15 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	624.70
TOTALS This Period (last page in this line only).....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5434

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1124.13

0.00

1124.13

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 17 / 2013

M M / D D / Y Y Y Y
12/31/2015

M M / D D / Y Y Y Y
12/31/2015

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1124.13

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5435**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
212.49	0.00	212.49

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 18 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	212.49
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5413

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

20.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 21 / 2013

M M / D D / Y Y Y Y
12/31/2015

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

20.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.5426**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

83.94

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

83.94

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 21 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

83.94

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5437**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
42.82	0.00	42.82

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 22 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	42.82
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.5407**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

260.27

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

260.27

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 25 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

260.27

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5412**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30.26	0.00	30.26

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	10 / 25 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	30.26
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5418**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 25 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	500.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5411**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16.99	0.00	16.99

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 26 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	16.99
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5439**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
715.19	0.00	715.19

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 29 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	715.19
TOTALS This Period (last page in this line only).....	

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5392**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
379.37	0.00	379.37

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 30 / Y 2013	M M / D D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	379.37
TOTALS This Period (last page in this line only).....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5395**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
191.40	0.00	191.40

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	10 / 30 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	191.40
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5512

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

4500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 30 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

4500.00

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5404**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
135.55	0.00	135.55

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 31 / Y 2013	M / D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	135.55
TOTALS This Period (last page in this line only).....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5409

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

M 11 / D 01 / Y 2013

Date Due

M M / D D / Y 12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

25.00

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

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

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

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5451

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City State ZIP Code
Boston MA 02114

Original Amount of Loan 434.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 434.00
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TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11

01

2013

12/31/2015

0.00

% (apr)

Yes

No

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

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

SUBTOTALS This Period This Page (optional)..... 434.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5443**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼ Special-General

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
47.80	0.00	47.80

TERMS
 Date Incurred: M 11 / D 02 / Y 2013
 Date Due: M / D / Y 12/31/2015
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 47.80
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5405

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

80.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

80.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 04 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

80.00

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5425**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
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Mailing Address 1 Longfellow Place #2620	City Boston	State MA	ZIP Code 02114
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Original Amount of Loan 320.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 320.00
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TERMS

Date Incurred M 11 / D 04 / Y 2013	Date Due M M / D D / Y 12/31/2015	Interest Rate 0.00 % (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) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	320.00
TOTALS This Period (last page in this line only).....	

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5444**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
754.00	0.00	754.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 05 / Y 2013	M M / D D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	754.00
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5415

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

185.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

185.00

TERMS

Date Incurred

M 11 / D 06 / Y 2013

Date Due

M / D / Y 12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

185.00

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

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

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5422**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65.80	0.00	65.80

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 08 / Y 2013	M M / D D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="65.80"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5445**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
998.00	0.00	998.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 08 / Y 2013	M M / D D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	998.00
TOTALS This Period (last page in this line only).....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5414

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

140.00

0.00

140.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M / M / Y Y Y Y
11 / 09 / 2013

D / D / Y Y Y Y
09 / 11 / 2013

Y / Y / Y Y Y Y
2013

M / M / D D / Y Y Y Y Y Y
12 / 31 / 2015

D / D / Y Y Y Y Y Y
12 / 31 / 2015

Y / Y / Y Y Y Y Y Y
12 / 31 / 2015

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

140.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5403

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

126.31

0.00

126.31

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 11 /

D 11 /

Y 2013 Y

M M /

D D /

Y 12/31/2015 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

126.31

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5441**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2418.00	0.00	2418.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 11 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	2418.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5446**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
111.02	0.00	111.02

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 12 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	111.02
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.5447**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

213.89

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

213.89

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 11 M

D 12 D

Y 2013 Y

M M

D D

Y 12/31/2015 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

213.89

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5417**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2013
Frank John Addivinola Jr.
 Primary
 General
 Other (specify) **Special-General**

Mailing Address
 1 Longfellow Place
 #2620
 City State ZIP Code
 Boston MA 02114

Original Amount of Loan 30.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30.00
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TERMS
 Date Incurred: M 11 / D 13 / Y 2013
 Date Due: M / D / Y 12/31/2015
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ [] 30.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5400**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
710.27	0.00	710.27

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 11 / 15 / 2013	M M / D D / Y Y Y Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	710.27
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5408

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

365.55

0.00

365.55

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 11 M /

D 15 D /

Y 2013 Y

M M /

D D /

Y 12/31/2015 Y

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

365.55

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5393

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

1417.26

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1417.26

TERMS

Date Incurred

M 11 / D 19 / Y 2013

Date Due

M / D / Y 12/31/2015

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1417.26

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5397**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Frank John Addivinola Jr. Election: 2013
 Primary
 General
 Other (specify) ▼
Special-General

Mailing Address
1 Longfellow Place
#2620
City State ZIP Code
Boston MA 02114

Original Amount of Loan 689.47	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 689.47
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TERMS
Date Incurred: M 11 / D 19 / Y 2013
Date Due: M / D / Y 12/31/2013
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 689.47
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.5442**

ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2013

Frank John Addivinola Jr.

Primary

General

Other (specify) ▼

Special-General

Mailing Address

1 Longfellow Place
#2620

City

State

ZIP Code

Boston

MA

02114

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.34

0.00

1000.34

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M / D / Y
11 / 19 / 2013

M / D / Y
19 / 12 / 2015

M / D / Y
19 / 12 / 2015

M / D / Y
19 / 12 / 2015

M / D / Y
19 / 12 / 2015

M / D / Y
19 / 12 / 2015

M / D / Y
19 / 12 / 2015

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1000.34

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

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.5401
ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15.93	0.00	15.93

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 20 / Y 2013	M M / D D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	15.93
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5410**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
28.66	0.00	28.66

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 20 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	28.66
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5448**
ADDIVINOLA COMMITTEE; THE

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 20 / 2013	12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	200.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ADDIVINOLA COMMITTEE; THE** Transaction ID : **SC/10.5450**

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank John Addivinola Jr.	[PERSONAL FUNDS]	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 1 Longfellow Place #2620		

City	State	ZIP Code
Boston	MA	02114

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
82.40	0.00	82.40

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 11	/	D 20 / Y 2013	M / D / Y 12/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	82.40
TOTALS This Period (last page in this line only).....	57148.03

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