

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Marilinda Garcia for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

	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))....	0.00	1065899.99
(b) Total Contribution Refunds (from Line 20(d))	3400.00	3350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-3400.00	1062549.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5867.97	1139633.55
(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)).....	5867.97	1139633.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3404.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Marilinda Garcia for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	676499.66
(ii) Unitemized.....	0.00	150314.82
(iii) TOTAL of contributions from individuals ▶	0.00	826814.48
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	239085.51
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1065899.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	127871.92
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	1193771.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5867.97	1139633.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2400.00	3350.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3400.00	3350.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9267.97	1142983.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12672.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	12672.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9267.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3404.08

**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 5 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input 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)
Marilinda Garcia for Congress

Full Name (Last, First, Middle Initial) A. Bellwether Consulting Group			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014		
Mailing Address 1150 Hungryneck Blvd C-336			Amount of Each Disbursement this Period 47.97		
City Mount Pleasant	State SC	Zip Code 29464	Transaction ID : SB17.13108		
Purpose of Disbursement voucher for cab fare and UPS expense		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Kenneth Cunningham			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014		
Mailing Address 514 Rimmon St			Amount of Each Disbursement this Period 321.38		
City Manchester	State NH	Zip Code 03102	Transaction ID : SB17.13120		
Purpose of Disbursement bonus pay		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Glori Foster			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014		
Mailing Address 44 Range Rd			Amount of Each Disbursement this Period 321.38		
City Windham	State NH	Zip Code 03087	Transaction ID : SB17.13127		
Purpose of Disbursement bonus pay		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	690.73
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 6 OF 12			
	<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)
Marilinda Garcia for Congress

Full Name (Last, First, Middle Initial) A. Brendan Fulmer		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 4501 N Charles St		Amount of Each Disbursement this Period 321.38 Transaction ID : SB17.13121
City Baltimore	State MD	
Zip Code 21210	Purpose of Disbursement bonus pay	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Brendan Fulmer		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 4501 N Charles St		Amount of Each Disbursement this Period 294.24 Transaction ID : SB17.13128
City Baltimore	State MD	
Zip Code 21210	Purpose of Disbursement last reimbursement voucher	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Gregory Hernandez		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1236 Derbyshire Rd		Amount of Each Disbursement this Period 321.38 Transaction ID : SB17.13125
City Potomac	State MD	
Zip Code 20854	Purpose of Disbursement bonus pay	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2104	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	937.00
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 7 OF 12			
	<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)
Marilinda Garcia for Congress

Full Name (Last, First, Middle Initial) A. David Horan			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014		
Mailing Address 212 Coolidge Avenue			Amount of Each Disbursement this Period 1000.00		
City Manchester	State NH	Zip Code 03102	Transaction ID : SB17.13129		
Purpose of Disbursement treasurer services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Kings College Republicans			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014		
Mailing Address 56 Broadway			Amount of Each Disbursement this Period 210.24		
City New York	State NY	Zip Code 10004	Transaction ID : SB17.13109		
Purpose of Disbursement vehicle rental for GOTV volunteers		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. Patrick Marvin			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014		
Mailing Address 24 Rosemont Ave Apt 2			Amount of Each Disbursement this Period 321.38		
City Portland	State ME	Zip Code 04103	Transaction ID : SB17.13123		
Purpose of Disbursement bonus pay		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1531.62
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 8 OF 12			
	<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)
Marilinda Garcia for Congress

Full Name (Last, First, Middle Initial) A. Michael Medeiros			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014		
Mailing Address 7036 Church St			Amount of Each Disbursement this Period 333.00 Transaction ID : SB17.13116		
City Loudon	State NH	Zip Code 03307			
Purpose of Disbursement paycheck		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:			

Full Name (Last, First, Middle Initial) B. Michael Medeiros			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014		
Mailing Address 7036 Church St			Amount of Each Disbursement this Period 384.20 Transaction ID : SB17.13117		
City Loudon	State NH	Zip Code 03307			
Purpose of Disbursement mileage voucher		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:			

Full Name (Last, First, Middle Initial) c. Michael Medeiros			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014		
Mailing Address 7036 Church St			Amount of Each Disbursement this Period 321.38 Transaction ID : SB17.13122		
City Loudon	State NH	Zip Code 03307			
Purpose of Disbursement bonus pay		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
Disbursement For: 2104 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1038.58
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 9 OF 12			
	<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)
Marilinda Garcia for Congress

Full Name (Last, First, Middle Initial) A. Zach Montanaro			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014		
Mailing Address 9 Glenwood Rd			Amount of Each Disbursement this Period 321.38		
City Windham	State NH	Zip Code 03087	Transaction ID : SB17.13124		
Purpose of Disbursement bonus pay		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Printer's Square			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014		
Mailing Address 105 Faltn Dr			Amount of Each Disbursement this Period 139.38		
City Manchester	State NH	Zip Code 03103	Transaction ID : SB17.13105		
Purpose of Disbursement last invoice for campaign printing expenses		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Ryder Selmi			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014		
Mailing Address 9 Martin St			Amount of Each Disbursement this Period 321.38		
City Concord	State NH	Zip Code 03301	Transaction ID : SB17.13126		
Purpose of Disbursement bonus pay		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	782.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12			
	<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)
Marilinda Garcia for Congress

Full Name (Last, First, Middle Initial) A. Tom Szold			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014		
Mailing Address 514 Rimmon St			Amount of Each Disbursement this Period 321.38		
City Manchester	State NH	Zip Code 03102	Transaction ID : SB17.13119		
Purpose of Disbursement bonus pay		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Dante Vitagliano			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014		
Mailing Address 9 Martin St			Amount of Each Disbursement this Period 321.38		
City Concord	State NH	Zip Code 03301	Transaction ID : SB17.13118		
Purpose of Disbursement bonus pay		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	642.76
TOTAL This Period (last page this line number only).....	5622.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 12			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marilinda Garcia for Congress

Full Name (Last, First, Middle Initial) A. Ray Barrette		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address PO Box 5254		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB20A.13113
City Hanover	State NH	
Zip Code 03755-5254	Purpose of Disbursement Refund of overlimit donation of 9/29/14	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. charles bill		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 4051 van atta Rd		Amount of Each Disbursement this Period 800.00 Transaction ID : SB20A.13111
City okemos	State MI	
Zip Code 48864	Purpose of Disbursement Refund of online donations made by computer error	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	2400.00

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

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

Full Name (Last, First, Middle Initial) A. NH Priorities PAC		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 1000.00
City Manchester	State NH Zip Code 03105	
Purpose of Disbursement Refund 9/25/14 contribution	Candidate Name	Transaction ID : SB20C.13107
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00