Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FORWARD MASSACHUSETTS	
	C C00563981
Check if X 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
MEK Design LLC	M M / D D / Y Y Y Y
Mailing Address 1130 SW Morrison St #330	08 29 2014 Amount
City State Zip Code	3250.00
Portland OR 97204	Transaction ID: WFT2014730845-1 Date of Disbursement or Obligation
Purpose of Expenditure Palm Card Production and Printing Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: X House District:06
Moulton Seth Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbrace 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Benzan Angelyz	M = M / D = D / Y = Y = Y
Mailing Address 10 Timson St #2	
TO THISOH St #2	Amount
City State Zip Code	416.00
Lynn MA 01902	Transaction ID : WFT2014730854-1 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/	M = M / D = D / Y = Y = Y
Type	08 29 2014
Name of Federal Candidate Support Office	e Sought: X House District: 06
Moulton Seth Oppose	President Senate State: MA
Calendar Year-To-Date Disb	ursement For: X Primary General
Per Election for Office Sought 36605.57	
(a) SUBTOTAL of Itemized Independent Expenditures	3666.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expanditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Tarvis Daniel	
Tattrie Darryl [Electronically Filed] Date	08 30 2014
Signature	

Schedule E)	INDEFENDENT EXPE	ADITOTILO	PAGE 2 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FORWARD MASSACI	JUCETTO		FEC IDENTIFICATION NUMBER ▼
FORWARD MASSACI	1052115		C C00563981
Check if 24-hour report	48-hour report New	report Amends repo	rt filed on
Full Name of Payee Benzan Emely			Date of Public Distribution/Dissemination
Mailing Address 10 Timson S	it #2		Amount
City	State	Zip Code	455.00
Lynn	MA	01902	Transaction ID : WFT2014730859-1 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: X House District: 06
Moulton Seth		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office S	ought	36605.57	Disbursement For:
Full Name of Payee Bonbon Michael			Date of Public Distribution/Dissemination
Mailing Address 16 Shillab	er St		Amount
City	State	Zip Code	728.00
Peabody	MA	01960	Transaction ID : WFT201473095-1 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	08 / 29 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 06
Moulton Seth		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office S	ought	36605.57	Disbursement For:
(a) SUBTOTAL of Itemized Inc	dependent Expenditures		. ▶ 1183.00
(b) SUBTOTAL of Unitemized	Independent Expenditures		•
(c) TOTAL Independent Exper	nditures		•
	estion of, any candidate or author		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Tattrie Darryl Signature	[Elec	tronically Filed] Date	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			l de la companya de

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FORWARD MASSACHUSETTS	C C00563981
Check if X 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee Chea Cheyrithy	Date of Public Distribution/Dissemination
, ,	M M / D D / Y Y Y Y
Mailing Address 11 Williams St #1	Amount
City State Zip Code	273.00
Lynn MA 01902	Transaction ID : WFT201473098-1 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	08 29 2014
Name of Federal Candidate Support Office	e Sought: X House District: 06
Moulton Seth Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Chum Kanchana	M = M / D = D / Y = Y = Y
Mailing Address 29 South St #2	Amount
City State Zip Code	117.00
Lynn MA 01905	Transaction ID : WFT2014730910-1 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: X House District:06
Moulton Seth Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disb. 201:	oursement For: X Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	390.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	08 30 2014
Signature	

Schedule E)	LFORT OF INDEFE	NOENT EXICIO	TIONES		PAGE 4 OF 16 FOR SE OF FORM 24/48
NAME OF COMMIT		2			FEC IDENTIFICATION NUMBER ▼
FORWARD	MASSACHUSETTS				C C00563981
Check if X 24-ho	ur report 48-hour rep	port New rep	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of Pa Davila Nat	ayee :asha				of Public Distribution/Dissemination
Mailing Address	71 Michigan Ave			Amou	unt
				741100	
City Lynn		State MA	Zip Code 01902		299.00 saction ID : WFT2014730912-1
Purpose of Exp Payroll	enditure		Category/ Type		of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federa	al Candidate		Support	Office Sough	ht: X House District:06
Moulton Seth			Oppose	Presid	NAA
	rear-To-Date on for Office Sought		36605.57	Disbursemen 2014	nt For:
Full Name of P Delarosa M					of Public Distribution/Dissemination
Mailing Address	9 19 Union St #116			Amor	unt
City		State	Zip Code	<u> —</u> г	325.00
Lynn		MA	01902		action ID: WFT2014730913-1 of Disbursement or Obligation
Purpose of Exp Payroll	penditure		Category/ Type] [08 / 29 / 2014
Name of Feder	al Candidate		X Support	Office Soug	ht: X House District: 06
Moulton Seth			Oppose	Presid	dent Senate State: MA
	/ear-To-Date on for Office Sought		36605.57	Disburseme 2014	nt For:
(a) SUBTOTAL	of Itemized Independent Ex	penditures			624.00
(b) SUBTOTAL	of Unitemized Independent	Expenditures			
					4 1 4 1 4 1
(c) TOTAL Indep	pendent Expenditures			•	7
with, or at the re		candidate or authorize			cooperation, consultation, or concert the reporting entity is not a political
	rie Darryl	[Electron	nically Filed] Date	e 08	30 / 2014
Signature					

Sch	nedule E)	10.120		PAGE 5 OF 16 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		ı	FEC IDENTIFICATION NUMBER ▼
FC	DRWARD MASSACHUSETTS			C C00563981
Chec	ck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
TF	Full Name of Payee Fernandez Charlene			f Public Distribution/Dissemination
N	Mailing Address 2 Adams St		Amoun	
	City State	Zip Code	-	325.00
	Lynn MA	01902		action ID : WFT2014730915-1 f Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type	M	08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate	Support	Office Sought:	: X House District: 06
	Moulton Seth	Oppose	Presider	nt Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	36605.57	Disbursement 2014 Ott	For:
	Full Name of Payee Gonzalez Angel			f Public Distribution/Dissemination
-	Mailing Address 71 Michigan Ave		Amoun	nt
	City State	Zip Code		455.00
	Lynn MA	01902	Transac Date o	ction ID : WFT2014730917-1 f Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type		08 / 29 / Y Y Y Y Y Y Y
- 1	Name of Federal Candidate	Support	Office Sought	: X House District: 06
	Moulton Seth	Oppose	Preside	NA A
	Calendar Year-To-Date Per Election for Office Sought	36605.57	Disbursement 2014 Ot	For:
(a	a) SUBTOTAL of Itemized Independent Expenditures			780.00
(b	SUBTOTAL of Unitemized Independent Expenditures			47
(с	c) TOTAL Independent Expenditures		· •	
wi	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
		ically Filed] Date	e 08	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

Schedule E)	PAGE 6 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FORWARD MASSACHUSETTS	FEC IDENTIFICATION NUMBER ▼
	C C00563981
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Gonzalez Maciel	f Public Distribution/Dissemination
Mailing Address Amount	
	442.00 ction ID: WFT2014730919-1 f Disbursement or Obligation
Purpose of Expenditure Category/	08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	X House District: 06
Moulton Seth Oppose Presiden	NAA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For:
Bonbon Dina	f Public Distribution/Dissemination
Mailing Address 16 Shillaber St Amount	t
City State Zip Code	728.00
Date of	tion ID: WFT201473093-1 f Disbursement or Obligation
	08 / 29 / Y 2014
Name of Federal Candidate Support Office Sought:	: X House District:06
Moulton Seth Oppose Presider	nt Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures	1170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Tattrie Darryl [Electronically Filed] Date 08	30 / 2014

Schedule E)	VI EXI ENE	TIONES		PAGE 7 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (IN FUII) FORWARD MASSACHUSETTS				FEC IDENTIFICATION NUMBER ▼
FORWARD WASSACHUSETTS				C C00563981
Check if 24-hour report 48-hour report	New rep	port Amends repo		/ = M / D = D / Y = Y = Y = Y
Full Name of Payee Hennessey Daniel				of Public Distribution/Dissemination
Mailing Address 9 Lauren Lane			Amou	unt
City	State	Zip Code	— r	260.00
Lynn	MA	01902		saction ID : WFT2014730928-1 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: X House District:06
Moulton Seth		Oppose	Presid	ent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	, , ,	36605.57	Disbursemer 2014	nt For:
Full Name of Payee Holm-Sanchez Jessica	_			of Public Distribution/Dissemination
Mailing Address 169 Fayette St			Amou	unt
City	State	Zip Code		260.00
Lynn	MA	01902		action ID: WFT2014730931-1 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		08 / 29 / 2014
Name of Federal Candidate		X Support	Office Sough	ht: X House District: 06
Moulton Seth		Oppose	Presid	lent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	, , ,	36605.57	Disbursemen 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			520.00
(b) SUBTOTAL of Unitemized Independent Expendent	litures			7 7 7 7
				4 4
(c) TOTAL Independent Expenditures			· ·	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Tattrie Darryl	[Electro	nically Filed] Date	e 08	30 / 2014
Signature				

Schedule E)	INI EXI EN	DITORLO		PAGE 8 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
FORWARD MASSACHUSETTS			C	C00563981
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jean-Franciois Kendrick			Date of Publ	ic Distribution/Dissemination
Mailing Address 71 Michigan Ave			Amount	
City	State	Zip Code		507.00
Lynn	MA	01902		ID: WFT2014730932-1 ursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	08	29 / 2014
Name of Federal Candidate		Support	Office Sought:	X House District: 06
Moulton Seth		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		36605.57	Disbursement For: 2014 Other (s	
Full Name of Payee				ic Distribution/Dissemination
Jordan Kate			M = M	/ D D / Y Y Y Y
Mailing Address 92 Jackson St			Amount	
City	State	Zip Code		234.00
Salem	MA	02140		D: WFT2014730934-1 oursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	08	29 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 06
Moulton Seth		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		36605.57	Disbursement For: 2014 Other (s	✓ Primary General
(a) SUBTOTAL of Itemized Independent Expendit	ures			741.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures			1111111
				4 4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authoriz			
Tattrie Darryl Signature	[Electro	onically Filed] Date	8 08 30	2014
Olgriatule				

Schedu	ile E)	VI 11.12.	1101120				PAGE 9 FOR SE OF	OF FORM 24/	16 48
	F COMMITTEE (In Full)					FEC II	DENTIFICATION		
FORV	VARD MASSACHUSETTS					С	C00563981		
Check if	24-hour report 48-hour report	New repo	ort Ame	ends repo	ort filed o	n Man	/ D D /	Y Y Y Y	Y
	Name of Payee O Samnang]	Date of Publi	c Distribution	/Disseminat	
Mailin	ng Address 98 Hanover St					Amount			
City	State	^	Zip Code					169	00
Lynn			01902				ID: WFT2014 ursement or (1730935-1	.00
Purpo	ose of Expenditure oll		Category/ Type			08	29	2014	
Name	e of Federal Candidate		Xs	Support	Office S	Sought:	X House	District:	06
Moul	ton Seth			Oppose		President	Senate	State:	MA
	Calendar Year-To-Date Per Election for Office Sought		36605.57		Disburs 2014	ement For: Other (sp	X Primary pecify) ►	Ge	neral
	Name of Payee n Lida					Date of Publi	ic Distribution	/Disseminat	
Mailir	ng Address 5 Stephen St					Amount			
City	State	e	Zip Code					78.0	00
Lynr		١	01902				D: WFT2014 ursement or 0		
Purpo Payr	ose of Expenditure roll		Category/ Type			08 08	29	2014	
	e of Federal Candidate		<u>X</u> s	Support	Office S	Sought:	X House	District:	06
Moul	ton Seth			Oppose	F	President	Senate	State:	MA
	Calendar Year-To-Date Per Election for Office Sought		36605.57	7	Disburs 2014	ement For: Other (sp	Primary pecify) ▶	/ Ge	eneral
(a) SU	JBTOTAL of Itemized Independent Expenditures					1 1 7		247.00	
(b) SU	JBTOTAL of Unitemized Independent Expenditures				[
(c) TO	OTAL Independent Expenditures				•	7	7		
with, o	penalty of perjury I certify that the independent exp r at the request or suggestion of, any candidate or a committee) any political party committee or its agent.	authorized							
	Tattrie Darryl	[Electron	ically Filed]	Date	e 08	30	/ Y Y 201	14	
Sig	nature								

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (IN FI FORWARD MASSA				FEC IDENTIFICATION NUMBER ▼
FORWARD MASSA	CHUSETTS			C C00563981
Check if 24-hour report	48-hour report New report	port Amends repor		M / D = D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Matos Augustina			IV	M / D D / Y Y Y Y
Mailing Address 27 Phillip	s Ave #2		Amou	nt
City	State	Zip Code	$-\Gamma$	416.00
Lynn	MA	01902		action ID: WFT2014730939-1 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		08 29 / 2014
Name of Federal Candida	re	X Support	Office Sough	t: X House District: 06
Moulton Seth		Oppose	Preside	ent Senate State: MA
Calendar Year-To-Date Per Election for Office		36605.57	Disbursemen 2014	t For: X Primary General ther (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
Meli Benita			Date	/ D D / Y Y Y Y Y
Mailing Address 18 Bor	d St		Amou	nt
City	State	Zip Code		481.00
Lynn	MA	01902		oction ID: WFT2014730941-1 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		08 / 29 / 2014
Name of Federal Candida	te	X Support	Office Sough	t: X House District:06
Moulton Seth		Oppose	Preside	ent Senate State: MA
Calendar Year-To-Dat Per Election for Offic		36605.57	Disbursemer 2014	tt For:
(a) SUBTOTAL of Itemized	Independent Expenditures		· [897.00
(b) SUBTOTAL of Unitemiz	red Independent Expenditures		•	
(c) TOTAL Independent Ex	penditures		•	7 1 7 1 7
with, or at the request or s	certify that the independent expenditure aggestion of, any candidate or authorize al party committee or its agent.			
Tattrie Darryl	[Electro	nically Filed] Date	M M / 08	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

PAGE

10

OF

16

	-,		FOR SE OF FORM 24/48
	OMMITTEE (In Full) RD MASSACHUSETTS		FEC IDENTIFICATION NUMBER ▼
FURWA	RD MASSACHUSETTS		C C00563981
Check if X	24-hour report 48-hour report New rep	port Amends report file	ed on Mam / Dad / Yayayay
Full Nam	e of Payee		Date of Public Distribution/Dissemination
	rd Ashley		M M / D D / Y Y Y Y
Mailing A	ddress 54 Webster St		Amount
City	State	Zip Code	247.00
Lynn	MA	01902	Transaction ID : WFT2014730943-1 Date of Disbursement or Obligation
Purpose Payroll	of Expenditure	Category/ Type	08 / 29 / 2014
Name of	Federal Candidate	Support Off	ce Sought: X House District: 06
Moulton	Seth	Oppose	President Senate State: MA
	ndar Year-To-Date Election for Office Sought	Dis 201	bursement For: X Primary General 4 Other (specify) ▶
Full Nam	e of Payee		Date of Public Distribution/Dissemination
	ez Michelle		M M / D D / Y Y Y Y Y
Mailing A	ddress 27 Phillips Ave #2		Amount
City	State	Zip Code	468.00
Lynn	MA	01902	Transaction ID : WFT2014730945-1 Date of Disbursement or Obligation
Purpose Payroll	of Expenditure	Category/ Type	08 / 29 / Y Y Y Y Y Y Y
Name of	Federal Candidate	X Support Off	ice Sought: X House District: 06
Moulton	Seth	Oppose	President Senate State: MA
	ndar Year-To-Date Election for Office Sought	36605.57 Dis 20	bursement For: Primary General Other (specify)
(a) SUBT	OTAL of Itemized Independent Expenditures	>	715.00
(b) SUBT	OTAL of Unitemized Independent Expenditures	·····	
(c) TOTAI	. Independent Expenditures	······	
with, or at	alty of perjury I certify that the independent expenditures the request or suggestion of, any candidate or authorized nittee) any political party committee or its agent.		
_	Tattrie Darryl [Electron	nically Filed] Date	08 30 2014
Signatu	re	L	

PAGE

OF

16

Schedule E)	EXI END	TONES		PAGE 12 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
FORWARD MASSACHUSETTS				C C00563981
Check if 24-hour report 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Ortiz Shirley			TV.	/ D D / Y Y Y Y
Mailing Address 64 Rand St			Amou	nt
City	State	Zip Code	$-\Gamma$	312.00
Revere	MA	02151		action ID: WFT2014730946-1 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		08 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: X House District: 06
Moulton Seth		Oppose	Preside	ent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		36605.57	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Perez Emily			N.	/ M / D D / Y Y Y Y Y
Mailing Address 9 Henry Ave #2			Amou	nt
City	State	Zip Code	<u> —</u> г	455.00
Lynn	MA	01902		oction ID: WFT2014730948-1 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sough	nt: X House District: 06
Moulton Seth		Oppose	Preside	MΔ
Calendar Year-To-Date Per Election for Office Sought		36605.57	Disbursemer 2014 C	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures.				767.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. —	
(,, == = = = = = = = = = = = = = = = = =				7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Tattrie Darryl	[Electron	ically Filed] Date	M M / 08	30 2014
Signature				

Sc	hedule E)	10.120		PAGE 13 OF 16 FOR SE OF FORM 24/48				
	IAME OF COMMITTEE (In Full)							
F	ORWARD MASSACHUSETTS		C C00563981					
 Che	eck if X 24-hour report 48-hour report New report	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y				
T	Full Name of Payee Perez Laiza			of Public Distribution/Dissemination				
-	Mailing Address 14 Trinity Ave		Amour					
-	C'' State	Zin Ondo		200 00				
	City State Lynn MA	Zip Code 01902		299.00 action ID : WFT2014730950-1 of Disbursement or Obligation				
	Purpose of Expenditure Payroll	Category/ Type		08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
t	Name of Federal Candidate	Support	Office Sough	t: X House District: 06				
	Moulton Seth	Oppose	Preside	ent Senate State: MA				
	Calendar Year-To-Date Per Election for Office Sought	36605.57	Disbursement 2014 Of	t For:				
Ī	Full Name of Payee Richie Sydahn			of Public Distribution/Dissemination				
-	Mailing Address		Amou	nt				
ŀ	City State	Zip Code	-	351.00				
	MA		Transa Date	ction ID : WFT2014730951-1 of Disbursement or Obligation				
	Purpose of Expenditure Payroll	Category/ Type	M	08 / 29 / 2014				
	Name of Federal Candidate	X Support	Office Sough	t: X House District: 06				
	Moulton Seth	Oppose	Preside	ent Senate State: MA				
	Calendar Year-To-Date Per Election for Office Sought	36605.57	Disbursemen 2014 O	t For:				
((a) SUBTOTAL of Itemized Independent Expenditures							
((b) SUBTOTAL of Unitemized Independent Expenditures		.					
((c) TOTAL Independent Expenditures		· -	7 1 7 1 7				
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
		nically Filed] Date	e 08	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Signature							

Schedule E)	LAI LIND	ITOTILO		PAGE 14 OF 16 FOR SE OF FORM 24/48			
JAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
FORWARD MASSACHUSETTS		C C00563981					
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y			
Full Name of Payee Robert Jake				of Public Distribution/Dissemination			
Mailing Address 60 Gregory St			Amo	unt			
			Allo	ui it			
City Marblehead	State MA	Zip Code 01945		494.00 saction ID : WFT2014730953-1			
Purpose of Expenditure Payroll		Category/		of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		X Command	Office Court	ht: X House District: 06			
Moulton Seth		Support Oppose	Office Soug	NAA			
Calendar Year-To-Date Per Election for Office Sought	, , , ,	36605.57	Disburseme	nt For: X Primary General			
Full Name of Payee Soto Edwin			<u> </u>	of Public Distribution/Dissemination			
Mailing Address 25 South St			Amo	unt			
City	State	Zip Code	$ \vdash$ \vdash	351.00			
Lynn	MA	01905		action ID: WFT2014730954-1 of Disbursement or Obligation			
Purpose of Expenditure Payroll		Category/ Type] [M 08			
Name of Federal Candidate		X Support	Office Soug	ht: X House District: 06			
Moulton Seth		Oppose	Presid	dent Senate State: MA			
Calendar Year-To-Date Per Election for Office Sought	, , ,	36605.57	Disburseme	ont For:			
(a) SUBTOTAL of Itemized Independent Expenditure:	S		. [845.00			
//s) CURTOTAL of Heitersized Independent Force with			, L.				
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures			•	7 1 7 1 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Tattrie Darryl Signature	[Electron	ically Filed] Date	9 08	30 / 2014			
orginature							

Schedule E)		1 - /// -//-	1101120		—	PAGE 15 OF FORM 24/4	16 48
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
FORWARD MASS	SACHUSETTS		Cc	00563981			
Check if 24-hour repo	ort 48-hour report	New repo	ort Amends re	port filed o	n M M /	D = D / Y = Y = Y	Y
Full Name of Payee Ubri Erick					Date of Public	Distribution/Dissemination	on
Mailing Address 47 Bu					M = M /	D D / Y Y Y	Y
Walling Address 4/ BL	ırrill Ave #1				Amount		
City		State	Zip Code			390.	00
Lynn		MA	01902			: WFT2014730956-1 sement or Obligation	
Purpose of Expenditure Payroll	9		Category/ Type		08	29 / 2014	Y
Name of Federal Cand	lidate		X Support	Office S	Sought: X	House District:	06
Moulton Seth			Oppose		President		1A
Calendar Year-To- Per Election for C			36605.57	Disburs 2014	other (spe		neral
Full Name of Payee Wonde Tonia					Date of Public	Distribution/Disseminati	
Mailing Address 8 S						Ĺ L	
Walling Addices 8 S	Summersett Ct				Amount		
City		State	Zip Code			260.0	0
Lynn		MA	01902	т	ransaction ID : Date of Disburs	: WFT2014730958-1 sement or Obligation	
Purpose of Expenditur Payroll	е		Category/ Type		08	29 / 2014	Y
Name of Federal Cand	didate		X Support	Office	Sought: X	House District:	06
Moulton Seth			Oppose		President	Senate State: N	ЛА
Calendar Year-To- Per Election for C			36605.57	Disburs 2014	sement For: [neral
(a) SURTOTAL of Item	ized Independent Expenditure					650.00	
(a) SUBTUTAL OF REITH	zed Iнцеренцент Expenditure	.5		····· • [7	000.00	
(b) SUBTOTAL of Unite	emized Independent Expendit	ures		···· •	7		
(c) TOTAL Independent	t Expenditures			····· •			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Tattrie Dari	ryl	[Electron	ically Filed] Da	ate 08	M / 30	2014	
Signature							

Schedule E)	LAFLINDI	TONES		PAGE 16 OF 16 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
FORWARD MASSACHUSETTS		C C00563981					
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee Guerrero Genesis			Dat	te of Public Distribution/Dissemination			
Mailing Address			Am	nount			
City	21-1-	7:n Onda		200.00			
City	State MA	Zip Code		390.00 Insaction ID : WFT2014730104-1 te of Disbursement or Obligation			
Purpose of Expenditure Payroll		Category/ Type		08 / 29 / 2014			
Name of Federal Candidate		Support	Office Sou	ught: House District: 06			
Moulton Seth		Oppose	Pres	sident Senate State: MA			
Calendar Year-To-Date Per Election for Office Sought		36605.57	Disbursem 2014	nent For:			
Full Name of Payee Gothie Chelsea			Dat	te of Public Distribution/Dissemination			
Malling Address				M M / D D / Y Y Y Y			
Mailing Address 5 Lincoln St			Am	nount			
City	State	Zip Code	\neg \vdash \vdash	344.50			
Manchester by the Sea	MA	01944		nsaction ID : WFT2014730925-1 te of Disbursement or Obligation			
Purpose of Expenditure Payroll		Category/ Type		08 / 29 / 2014			
Name of Federal Candidate		X Support	Office Sou	ught: X House District: 06			
Moulton Seth		Oppose	Pres	sident Senate State: MA			
Calendar Year-To-Date Per Election for Office Sought		36605.57	Disbursem 2014	nent For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures.			, r	734.50			
(b) SUBTOTAL of Unitemized Independent Expenditure	35		•	45 45 45			
(c) TOTAL Independent Expenditures			•	14579.50			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Tattrie Darryl	[Electron	ically Filed] Date	M M M 08	30 2014			
Signature							