

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee <b>MEK Design LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 29 / 2014</div> </div>	
Mailing Address 1130 SW Morrison St #330			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3250.00</div>	
City State Zip Code Portland OR 97204		<b>Transaction ID : WFT2014730845-1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Palm Card Production and Printing		Category/Type		
Name of Federal Candidate Moulton Seth			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate    District: 06 State: MA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Benzan Angelyz</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Mailing Address 10 Timson St #2			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">416.00</div>	
City State Zip Code Lynn MA 01902		<b>Transaction ID : WFT2014730854-1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 29 / 2014</div> </div>		
Purpose of Expenditure Payroll		Category/Type		
Name of Federal Candidate Moulton Seth			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate    District: 06 State: MA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3666.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.				
Signature <u>Tattrie Darryl</u>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 30 / 2014</div> </div>	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Benzan Emely</b>		Date of Public Distribution/Dissemination	
Mailing Address 10 Timson St #2		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y           </div>	
City Lynn	State MA	Zip Code 01902	Amount 455.00
Purpose of Expenditure Payroll		Category/ Type	<b>Transaction ID : WFT2014730859-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y              08 / 29 / 2014           </div>
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             36605.57           </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Bonbon Michael</b>		Date of Public Distribution/Dissemination	
Mailing Address 16 Shillaber St		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y           </div>	
City Peabody	State MA	Zip Code 01960	Amount 728.00
Purpose of Expenditure Payroll		Category/ Type	<b>Transaction ID : WFT201473095-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y              08 / 29 / 2014           </div>
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             36605.57           </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             1183.00           </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             000000.00           </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             1183.00           </div>

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Tattrie Darryl

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Chea Cheyrythy</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 11 Williams St #1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           273.00         </div>	
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : WFT201473098-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 29 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           36605.57         </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Chum Kanchana</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 29 South St #2		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           117.00         </div>	
City Lynn	State MA	Zip Code 01905	<b>Transaction ID : WFT2014730910-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 29 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           36605.57         </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         390.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         390.00       </div>

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Tattrie Darryl

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Davila Natasha</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 71 Michigan Ave		Amount 299.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : WFT2014730912-1
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Delarosa M Dahiana</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 19 Union St #116		Amount 325.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : WFT2014730913-1
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	624.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Fernandez Charlene</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 2 Adams St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           325.00         </div>	
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : WFT2014730915-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 29 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           36605.57         </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Gonzalez Angel</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 71 Michigan Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           455.00         </div>	
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : WFT2014730917-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 29 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           36605.57         </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           780.00         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           780.00         </div>

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*Tattrie Darryl*
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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 6 OF 16  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gonzalez Maciel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount 442.00	
City	State	Zip Code	Transaction ID : WFT2014730919-1
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Bonbon Dina</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address    16 Shillaber St		Amount 728.00	
City	State	Zip Code	Transaction ID : WFT201473093-1
Peabody	MA	01960	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014
Purpose of Expenditure Payroll	Category/ Type		
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1170.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Tattrie Darryl

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Hennessey Daniel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 9 Lauren Lane		Amount 260.00
City Lynn	State MA	Zip Code 01902
Purpose of Expenditure Payroll	Category/ Type	Transaction ID : WFT2014730928-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014
Name of Federal Candidate Moulton Seth	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought 36605.57		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Holm-Sanchez Jessica</b>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 169 Fayette St		Amount 260.00
City Lynn	State MA	Zip Code 01902
Purpose of Expenditure Payroll	Category/ Type	Transaction ID : WFT2014730931-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014
Name of Federal Candidate Moulton Seth	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought 36605.57		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jean-Francois Kendrick</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 71 Michigan Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           507.00         </div>	
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : WFT2014730932-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 29 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           36605.57         </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jordan Kate</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 92 Jackson St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           234.00         </div>	
City Salem	State MA	Zip Code 02140	<b>Transaction ID : WFT2014730934-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 29 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           36605.57         </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           741.00         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           741.00         </div>

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*Tattrie Darryl*
*[Electronically Filed]*

Date

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 08 / 30 / 2014

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FEC IDENTIFICATION NUMBER ▼

C C00563981

☒ New report    ☐ Amends report filed on

Date of Public Distribution/Dissemination

Amount

Category/ Type	
Category 1	
Category 2	
Category 3	
Category 4	
Category 5	
Category 6	
Category 7	
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416.00

Transaction ID : WFT2014730939-1

Date of Disbursement or Obligation

M M / D D / Y Y Y Y  
08 29 2014

☒ Support  
☐ Oppose

Office Sought: ☒ House District: 06  
☐ President ☐ Senate State: MA

36605.57

Disbursement For: ☒ Primary ☐ General  
2014 ☐ Other (specify) ▶

Date of Public Distribution/Dissemination

Amount

Category/ Type	
Category 1	
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Category 99	
Category 100	

481.00

Transaction ID : WFT2014730941-1

ate of Disbursement or Obligation

☒ Support

☐ Oppose

Office Sought: ☒ House District: 06  
☐ President ☐ Senate State: MA

36605.57

Disbursement For: ☒ Primary ☐ General  
2014 ☐ Other (specify) ▶

897.00

A blank grid consisting of 10 columns and 2 rows of squares, intended for drawing a diagram.

Tattrie Darryl

*[Electronically Filed]*

Date \_\_\_\_\_

08 / 30 / 2014

FEC Schedule E (Form 24/28) Rev. 09/2013

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 11 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Menard Ashley</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address    54 Webster St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           247.00         </div>	
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : WFT2014730943-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 29 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           36605.57         </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mendez Michelle</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address    27 Phillips Ave #2		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           468.00         </div>	
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : WFT2014730945-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 29 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           36605.57         </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           715.00         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           715.00         </div>

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*
*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	12	OF	16
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ortiz Shirley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 64 Rand St		Amount 312.00	
City Revere	State MA	Zip Code 02151	Transaction ID : WFT2014730946-1
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Perez Emily</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 9 Henry Ave #2		Amount 455.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : WFT2014730948-1
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	767.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not 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.

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Date

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08 / 30 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	13	OF	16
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Perez Laiza</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 14 Trinity Ave		Amount 299.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : WFT2014730950-1
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Richie Sydahn</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount 351.00	
City	State MA	Zip Code	Transaction ID : WFT2014730951-1
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	650.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not 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.

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Date

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08 / 30 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 14 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Robert Jake</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 60 Gregory St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">494.00</div>	
City Marblehead	State MA	Zip Code 01945	Transaction ID : WFT2014730953-1
Purpose of Expenditure Payroll		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 08 / 29 / 2014
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">36605.57</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Soto Edwin</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 25 South St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">351.00</div>	
City Lynn	State MA	Zip Code 01905	Transaction ID : WFT2014730954-1
Purpose of Expenditure Payroll		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 08 / 29 / 2014
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">36605.57</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">845.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

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.

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Date

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 08 / 30 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	15	OF	16
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ubri Erick</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>47 Burrill Ave #1</b>		Amount 390.00	
City <b>Lynn</b>	State <b>MA</b>	Zip Code <b>01902</b>	Transaction ID : <b>WFT2014730956-1</b>
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 29 / 2014</b>	
Name of Federal Candidate <b>Moulton Seth</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>06</b> <input type="checkbox"/> President State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought 36605.57		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Wonde Tonia</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>8 Summersett Ct</b>		Amount 260.00	
City <b>Lynn</b>	State <b>MA</b>	Zip Code <b>01902</b>	Transaction ID : <b>WFT2014730958-1</b>
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 29 / 2014</b>	
Name of Federal Candidate <b>Moulton Seth</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>06</b> <input type="checkbox"/> President State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought 36605.57		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	650.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not 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

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Date

MM / DD / YYYY  
08 / 30 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 16 OF 16  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FORWARD MASSACHUSETTS</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Guerrero Genesis</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           390.00         </div>	
City	State MA	Zip Code	<b>Transaction ID : WFT2014730104-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 29 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           36605.57         </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Gothie Chelsea</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address    5 Lincoln St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           344.50         </div>	
City	State MA	Zip Code 01944	<b>Transaction ID : WFT2014730925-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            08 / 29 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Moulton Seth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           36605.57         </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         734.50       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         14579.50       </div>

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*
*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2014

Signature