

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Campaign for Change

ADDRESS (number and street) ▼

1147 Hancock St Suite 212

☐ Check if different than previously reported. (ACC)

Quincy

MA

02169

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00441501

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

11

25

2014

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

12

31

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas R. Kiley

Signature of Treasurer

Thomas R. Kiley

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

29

2015

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Campaign for Change

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

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014     |                         | 400811.86                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | 196324.42               |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | -19875.69               | 109483.31                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 176448.73               | 510295.17                         |
| 7. Total Disbursements (from Line 31) .....                                                                      | 109094.50               | 442940.94                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 67354.23                | 67354.23                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Campaign for Change

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    |

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

10261.58

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

10261.58

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

0.00

10261.58

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

-19875.69

99221.73

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

-19875.69

109483.31

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

-19875.69

109483.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....                                                                    | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....                                                 | 13177.78                      | 258684.22                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 13177.78                      | 258684.22                         |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 53200.00                          |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....                                                                  | 95916.72                      | 131056.72                         |
| 30. Federal Election Activity (2 U.S.C. §431(20))                                              |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 109094.50                     | 442940.94                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 109094.50                     | 442940.94                         |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 0.00                          | 10261.58                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 0.00                          | 10261.58                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 13177.78                      | 258684.22                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 13177.78                      | 258684.22                         |

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XA

Transaction ID :

Miscellaneous Document filed on paper will explain the individual changes that make up the cash correction noted here.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 18

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Campaign for Change**

Full Name (Last, First, Middle Initial)

## **A. Fidelity Investments**

Mailing Address PO Box 145421

City

Cincinnati

State

OH

Zip Code

45250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

7288.63

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2014

Transaction ID : C10306609

Amount of Each Receipt this Period

0.30

\* Dividend

Full Name (Last, First, Middle Initial)

## **B. Fidelity Investments**

Mailing Address PO Box 145421

City

Cincinnati

State

OH

Zip Code

45250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

7288.63

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : C10306611

Amount of Each Receipt this Period

0.12

\* Dividend

Full Name (Last, First, Middle Initial)

## **C. Fidelity Investments**

Mailing Address PO Box 145421

City

Cincinnati

State

OH

Zip Code

45250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

7288.63

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

Transaction ID : C10338215

Amount of Each Receipt this Period

665.47

\* Dividend

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

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

665.89

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

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

FOR LINE NUMBER: PAGE 8 OF 18  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Campaign for Change**

Full Name (Last, First, Middle Initial)

## **A. Fidelity Investments**

Mailing Address PO Box 145421

City State Zip Code  
Cincinnati OH 45250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7288.63

Date of Receipt

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

**Transaction ID : C10338216**

Amount of Each Receipt this Period

0.08

\* Dividend

Full Name (Last, First, Middle Initial)

## **B. Gulfsands Petroleum**

Mailing Address 3050 Post Oak Blvd.  
Suite 1700

City State Zip Code  
Houston TX 77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-28358.41

Date of Receipt

M M / D D / Y Y Y Y Y  
12 23 2014

**Transaction ID : C10338219**

Amount of Each Receipt this Period

-28358.41

Stock Loss

Full Name (Last, First, Middle Initial)

## **C. Pembina Pipeline Corporation**

Mailing Address 3800, 525 8th Avenue S.W.

City State Zip Code  
Calgary, Alberta

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18078.33

Date of Receipt

M M / D D / Y Y Y Y Y  
12 23 2014

**Transaction ID : C10338217**

Amount of Each Receipt this Period

7816.75

Stock Gain

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

-20541.58

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

-19875.69

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

## Campaign for Change

### A. American Airlines

Category/  
Type

357.28

State:  District:

### B. Delta Airlines

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

Category/  
Type

205.10

State:  District:

### C. Katharina Hermani

Category/  
Type

847.00

State:  District:

1409.38

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

## Campaign for Change

### A. Katharina Hermani

Category/  
Type

847.00

State:  District:

### B. Jet Blue Airways

MM / DD / YYYY  
12 / 07 / 2014

Category/  
Type

288.60

State:  District:

### C. MA Port Authority

Category/  
Type

58.00

State:  District:

1193.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Campaign for Change

Full Name (Last, First, Middle Initial)

**A. MA Port Authority**

Mailing Address 1 Harborside Dr

City Boston    State MA    Zip Code 02128

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:    District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : D559520

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Paychex Inc. Payroll**

Mailing Address 911 Panorama Trail S

City Rochester    State NY    Zip Code 14625

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:    District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

Transaction ID : D560661

Amount of Each Disbursement this Period

1442.00

Full Name (Last, First, Middle Initial)

**C. Paychex Inc. Payroll**

Mailing Address 911 Panorama Trail S

City Rochester    State NY    Zip Code 14625

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:    District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : D560683

Amount of Each Disbursement this Period

92.15

SUBTOTAL of Disbursements This Page (optional)..... ►

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

1544.15

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 18

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Campaign for Change

Full Name (Last, First, Middle Initial)

**A. Paychex Inc. Payroll**

Mailing Address 911 Panorama Trail S

City Rochester      State NY      Zip Code 14625

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11      28      2014

Transaction ID : D560684

Amount of Each Disbursement this Period

1306.00

Full Name (Last, First, Middle Initial)

**B. Perkins Coie**

Mailing Address 1201 Third Ave, 40th Floor

City Seattle      State WA      Zip Code 98101

Purpose of Disbursement  
Legal Compliance Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      30      2014

Transaction ID : D560662

Amount of Each Disbursement this Period

115.00

Full Name (Last, First, Middle Initial)

**C. Perkins Coie**

Mailing Address 1201 Third Ave, 40th Floor

City Seattle      State WA      Zip Code 98101

Purpose of Disbursement  
Legal Compliance Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      17      2014

Transaction ID : D560681

Amount of Each Disbursement this Period

184.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

1605.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 18

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Campaign for Change

Full Name (Last, First, Middle Initial)

**A. Perkins Coie**

Mailing Address 1201 Third Ave, 40th Floor

City Seattle      State WA      Zip Code 98101

Purpose of Disbursement  
Legal Compliance Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2014

Transaction ID : D560682

Amount of Each Disbursement this Period

388.00

Full Name (Last, First, Middle Initial)

**B. Triplet Irrevocable Trust**

Mailing Address 1147 Hancock St, suite 2

City Quincy      State MA      Zip Code 02169

Purpose of Disbursement  
Office rental payment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014

Transaction ID : D560686

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E. Sky Harbour Blvd

City Phoenix      State AZ      Zip Code 85034

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014

Transaction ID : D559521

Amount of Each Disbursement this Period

470.20

SUBTOTAL of Disbursements This Page (optional)..... ►

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

4358.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Campaign for Change

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E. Sky Harbour Blvd

City Phoenix      State AZ      Zip Code 85034

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      08      2014

Transaction ID : D559492

Amount of Each Disbursement this Period

325.50

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E. Sky Harbour Blvd

City Phoenix      State AZ      Zip Code 85034

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      05      2014

Transaction ID : D559498

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E. Sky Harbour Blvd

City Phoenix      State AZ      Zip Code 85034

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      28      2014

Transaction ID : D559060

Amount of Each Disbursement this Period

452.06

SUBTOTAL of Disbursements This Page (optional)..... ►

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

1277.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 18

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

Campaign for Change

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E. Sky Harbour Blvd

City Phoenix      State AZ      Zip Code 85034

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      30      2014

Transaction ID : D559058

Amount of Each Disbursement this Period

416.00

Full Name (Last, First, Middle Initial)

**B. Washington Plaza Hotel**

Mailing Address 10 Thomas Cir NW

City Washington      State DC      Zip Code 20005

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      07      2014

Transaction ID : D559496

Amount of Each Disbursement this Period

105.70

Full Name (Last, First, Middle Initial)

**C. Washington Plaza Hotel**

Mailing Address 10 Thomas Cir NW

City Washington      State DC      Zip Code 20005

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      06      2014

Transaction ID : D559497

Amount of Each Disbursement this Period

154.60

SUBTOTAL of Disbursements This Page (optional)..... ►

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

676.30

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

## Campaign for Change

### A. Washington Plaza Hotel

Mailing Address 10 Thomas Cir NW

| City       | State | Zip Code |
|------------|-------|----------|
| Washington | DC    | 20005    |

| Purpose of Disbursement |
|-------------------------|
| Food beverage           |

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D559095

Amount of Each Disbursement this Period

| Response | Percentage |
|----------|------------|
| Yes      | 19.67      |

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

### Purpose of Disbursement

| Candidate Name | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99  | 100 |
|----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|
| 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |     |

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

### Purpose of Disbursement

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with some of them being larger and more prominent than others.

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

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

19.67

12083.86

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Campaign for Change

Full Name (Last, First, Middle Initial)

**A. Belmont Hill School**

Mailing Address 350 Prospect St

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Belmont | MA    | 02478    |

Purpose of Disbursement  
Charitable Contribution

Candidate Name

|                |                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:                                                                                               |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                        |

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 17    |   | 2014      |

Transaction ID : D559066

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Cash Correction**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement  
Cash Correction Pursuant to Reconciliation

Candidate Name

|                |                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:                                                                                               |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                        |

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 31    |   | 2014      |

Transaction ID : D570205

Amount of Each Disbursement this Period

|          |
|----------|
| 90666.72 |
|----------|

Full Name (Last, First, Middle Initial)

**C. South Shore Coalition for Human Rights**

Mailing Address 6 Fort St

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Quincy | MA    | 02169    |

Purpose of Disbursement  
Charitable Contribution

Candidate Name

|                |                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------|
| Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:         | District:                                                                                               |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼                        |

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 25    |   | 2014      |

Transaction ID : D560687

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

SUBTOTAL of Disbursements This Page (optional).....▶

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

92916.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Campaign for Change

Full Name (Last, First, Middle Initial)

**A. US Association of Former Members of Congress**

Date of Disbursement

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12  |   | 28  |   | 2014        |

Mailing Address 1401 K St NW  
Suite 503

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Charitable Contribution

Candidate Name

Category/  
Type

Transaction ID : D559061

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|     |   |     |   |             |

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|     |   |     |   |             |

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

|         |
|---------|
| 3000.00 |
|---------|

|          |
|----------|
| 95916.72 |
|----------|