

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Frank Guinta

ADDRESS (number and street) P.O. Box 877

Check if different than previously reported. (ACC)

Manchester NH 03105

2. **FEC IDENTIFICATION NUMBER** C00461350

**CITY** STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

NH 01

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(c) 30-Day **POST**-Election Report for the:

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

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 23 2010 through 12 31 2010

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 Louis DeMato

Signature of Treasurer Electronically Filed by Louis DeMato Date 04 14 2011

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

A. Form/Schedule : **F3A**

Transaction ID :

1/31/2011: Petty Cash - no individual or vendor has received any 1 disbursement of \$100 or greater.  
4/12/11: Amended due to employee change after election who handled Campaign/FEC reporting disbursement Information. Bank Statements were not accessible to new employee in the timeframe that report was filed. Upon new employee back checking bank statement, 6 (six) disbursements were missed for the year end 2010 reporting cycle. They have been included in this amended report.

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

3 / 23

Write or Type Committee Name

Friends of Frank Guinta

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	15000.00	1174860.99
(b) Total Contribution Refunds (from Line 20(d)).....	850.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14150.00	1174860.99
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	31712.81	1451571.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31712.81	1451571.12
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	492.80	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	355000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Frank Guinta

Report Covering the Period: From:    To:

**I. RECEIPTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of <input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="2010"/> (date of general election)	<b>COLUMN C</b> Total for <input type="text" value="11"/> <input type="text" value="03"/> <input type="text" value="2010"/> (date after general election)  through <input type="text" value="12"/> <input type="text" value="31"/> <input type="text" value="2010"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other than Political Committees			
(i) Itemized (Use Schedule A)	<input type="text" value="0.00"/>	<input type="text" value="735699.11"/>	<input type="text" value="500.00"/>
(ii) Unitemized	<input type="text" value="0.00"/>	<input type="text" value="116761.88"/>	<input type="text" value="75.00"/>
(iii) Total of contributions from individuals	<input type="text" value="0.00"/>	<input type="text" value="852460.99"/>	<input type="text" value="575.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees	<input type="text" value="15000.00"/>	<input type="text" value="317400.00"/>	<input type="text" value="23119.87"/>

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
15000.00	1174860.99	23694.87
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	5000.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	355000.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	355000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
15000.00	1534860.99	23694.87

POST ELECTION DETAILED SUMMARY PAGE

Write or Type Committe Name

Friends of Frank Guinta

Report the covering period

From:

11

23

2010

To:

12

31

2010

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
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17. OPERATING EXPENDITURES

31712.81

1451571.12

85116.94

18. TRANSFER TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

0.00

19. LOAN PAYMENTS

(a) Of Loans Made or Guaranteed by the Candidate

0.00

0.00

0.00

(b) Of All Other Loans

0.00

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )

0.00

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

850.00

0.00

850.00

(b) Political Party Committees

0.00

0.00

0.00

**POST ELECTION DETAILED SUMMARY PAGE**

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )		
850.00	0.00	850.00
21. OTHER DISBURSEMENTS		
19500.00	1025.00	19500.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)		
52062.81	1452596.12	105466.94

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

14150.00	1174860.99	22844.87
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

31712.81	1451571.12	85116.94
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	37555.61
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	15000.00
25. SUBTOTAL(add Line 23 and Line 24) .....	52555.61
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	52062.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	492.80

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

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

FOR LINE NUMBER: PAGE 8 / 23  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

**A.** Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 1701 JFK Blvd, 49th Floor  
35th Floor

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 GeneralDebtRetir

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 12 / 21 / 2010  
**Transaction ID:** SA11C.18937  
 Amount of Each Receipt this Period 2500.00  
 GEN DEBT RETIRE G2010

**B.** Full Name (Last, First, Middle Initial)  
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 Pennsylvania Avenue, NW  
South Building, Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 GeneralDebtRetir

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 21 / 2010  
**Transaction ID:** SA11C.18935  
 Amount of Each Receipt this Period 5000.00  
 GEN DEBT RETIRE G2010

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 GeneralDebtRetir

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 21 / 2010  
**Transaction ID:** SA11C.18939  
 Amount of Each Receipt this Period 5000.00  
 GEN DEBT RETIRE G2010

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 23
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

**A.**

Full Name (Last, First, Middle Initial) NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND		Date of Receipt																				
Mailing Address 11250 Waples Mill Road		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	1		2	0	1	0													
City	State	Zip Code																				
Fairfax	VA	22030																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.18942																				
C C00053553		Amount of Each Receipt this Period																				
Name of Employer		2500.00																				
Occupation		GEN DEBT RETIRE G2010																				
Receipt For: 2010	Election Cycle-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input checked="" type="checkbox"/> Other (specify) ▼ GeneralDebtRetir	2500.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 23

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

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NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

A.

Full Name (Last, First, Middle Initial)  
AT &T

Transaction ID: SB17.18963  
Date of Disbursement

Mailing Address PO Box 8212

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

City Aurora State IL Zip Code 60572

Amount of Each Disbursement this Period

263.46
--------

Purpose of Disbursement  
Cell Phone Service

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mike Biundo

Transaction ID: SB17.19154  
Date of Disbursement

Mailing Address 33 Country Walk Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	0

City Manchester State NH Zip Code 03109

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement  
Campaign Management Consulting Services - Amended Entry - not included in YE2010

YE2010
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Taproom Boyntons

Transaction ID: SB17.18966  
Date of Disbursement

Mailing Address 155 Dow Street

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	1	0

City Manchester State NH Zip Code 03104

Amount of Each Disbursement this Period

1640.00
---------

Purpose of Disbursement  
Camp Event Room-Food-Beverage Costs

007
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

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

11903.46
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 11 / 23

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

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NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

<b>A.</b>	Full Name (Last, First, Middle Initial) campaignpros.com  Mailing Address 3105 18th Avenue  City Rock Island State IL Zip Code 61201  Purpose of Disbursement Printing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.18952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 1 0  Amount of Each Disbursement this Period 2041.35
<b>B.</b>	Full Name (Last, First, Middle Initial) Comcast  Mailing Address PO Box 1577  City Newark State NJ Zip Code 07101  Purpose of Disbursement Cable/Internet/Phones Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.18961 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 1 0  Amount of Each Disbursement this Period 331.60
<b>C.</b>	Full Name (Last, First, Middle Initial) FREEDOM FIRST PAC  Mailing Address PO BOX 9190  City ST PAUL State MN Zip Code 55109  Purpose of Disbursement Amended Entry - not included in YE2010 - Reimb Travel Expenses Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.19276 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0  Amount of Each Disbursement this Period 1420.95

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

**3793.90**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

<b>A.</b>	Full Name (Last, First, Middle Initial) manchester rep. commiittee  Mailing Address P.O. Box 3575  City Manchester State NH Zip Code 03105  Purpose of Disbursement Event Tickets (table) <input type="checkbox"/> 007 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.18954 Date of Disbursement 12 / 07 / 2010  Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Moneris- ACH  Mailing Address PO Box 1479  City Eureka State CA Zip Code 95502  Purpose of Disbursement Online Payment Processing Fee <input type="checkbox"/> 003 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.18973 Date of Disbursement 12 / 03 / 2010  Amount of Each Disbursement this Period 47.87
<b>C.</b>	Full Name (Last, First, Middle Initial) NH GOP  Mailing Address 10 Water St.  City Concord State NH Zip Code 03301  Purpose of Disbursement Mailing for Campaign <input type="checkbox"/> 003 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.18956 Date of Disbursement 12 / 08 / 2010  Amount of Each Disbursement this Period 8619.40

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

9167.27

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

A.	Full Name (Last, First, Middle Initial) Hotels Renaissance  Mailing Address 1127 Connecticut Avenue Northwest  City Washington State DC Zip Code 20036  Purpose of Disbursement Room for trip to DC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.18989 Date of Disbursement 12 / 10 / 2010  Amount of Each Disbursement this Period 205.93  Category/Type: 002
B.	Full Name (Last, First, Middle Initial) Seacoast Business Machines  Mailing Address 2 Greenhill Road  City Barrington State NH Zip Code 03825  Purpose of Disbursement Copier Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.18962 Date of Disbursement 12 / 17 / 2010  Amount of Each Disbursement this Period 200.00  Category/Type: 001
C.	Full Name (Last, First, Middle Initial) Spectrum Marketing  Mailing Address 95 Eddy Road Suite 101  City Manchester State NH Zip Code 03102  Purpose of Disbursement Printing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.18958 Date of Disbursement 12 / 07 / 2010  Amount of Each Disbursement this Period 1005.55  Category/Type: 006

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

1411.48

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

<p><b>A.</b> Full Name (Last, First, Middle Initial) Surge Resources</p> <p>Mailing Address 920 Candia Road</p> <p>City Manchester State NH Zip Code 03109</p> <p>Purpose of Disbursement Contract labor staff payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.18955</p> <p>Date of Disbursement 12 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 300.58</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Surge Resources</p> <p>Mailing Address 920 Candia Road</p> <p>City Manchester State NH Zip Code 03109</p> <p>Purpose of Disbursement Contract labor staff payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.18965</p> <p>Date of Disbursement 12 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 300.58</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Surge Resources</p> <p>Mailing Address 920 Candia Road</p> <p>City Manchester State NH Zip Code 03109</p> <p>Purpose of Disbursement Contract labor staff payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.18970</p> <p>Date of Disbursement 12 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 450.87</p> <p>001 Category/ Type</p>

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

1052.03

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 23

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

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NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

<b>A.</b>	Full Name (Last, First, Middle Initial) The Townsend Group  Mailing Address 1006 Pendleton St  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Amended Entry - not included in YE2010 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.19278 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1301.81</td> </tr> </table> Category/Type <table border="1"> <tr> <td style="text-align: center;">003</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	3	/	2	0	1	0	1301.81	003
M	M	/	D	D	/	Y	Y	Y	Y															
1	1	/	2	3	/	2	0	1	0															
1301.81																								
003																								
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Postal Service  Mailing Address 1000 Elm Street, Suite 104  City Manchester State NH Zip Code 03101  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.18983 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">880.00</td> </tr> </table> Category/Type <table border="1"> <tr> <td style="text-align: center;">001</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	1	0	880.00	001
M	M	/	D	D	/	Y	Y	Y	Y															
1	2	/	0	7	/	2	0	1	0															
880.00																								
001																								
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address 20 Alexander Drive  City Wallingford State CT Zip Code 06492  Purpose of Disbursement Cell Phone Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.18988 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">206.04</td> </tr> </table> Category/Type <table border="1"> <tr> <td style="text-align: center;">001</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	1	0	206.04	001
M	M	/	D	D	/	Y	Y	Y	Y															
1	2	/	1	0	/	2	0	1	0															
206.04																								
001																								

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

<b>2387.85</b>
----------------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

A.	Full Name (Last, First, Middle Initial) Roger Wilkins <hr/> Mailing Address 1 Clocktower Place Unit 125 <hr/> City Nashua State NH Zip Code 03060 <hr/> Purpose of Disbursement Consulting Fees for Field Team Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.18968 Date of Disbursement 12 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) Roger Wilkins <hr/> Mailing Address 1 Clocktower Place Unit 125 <hr/> City Nashua State NH Zip Code 03060 <hr/> Purpose of Disbursement Consulting Fees for Field Team Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.18969 Date of Disbursement 12 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Category/Type 001
C.	Full Name (Last, First, Middle Initial) Ethan Zorfias <hr/> Mailing Address 92 Coolidge St <hr/> City Brookline State MA Zip Code 02446 <hr/> Purpose of Disbursement Reimbursement for Travel to DC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.18959 Date of Disbursement 12 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 394.65 <hr/> Category/Type 002

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

1394.65

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

31110.64



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 17 / 23

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

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NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

A.

Full Name (Last, First, Middle Initial)  
Susan M. Moran

Transaction ID: SB20A.18944  
Date of Disbursement

Mailing Address 18 Grant Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

City Bedford State NH Zip Code 03110

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Refund for Over the Limit Post Gen 2010

010
-----

Category/  
Type

Candidate Name  
Friends of Frank Guinta

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NH District: 01

B.

Full Name (Last, First, Middle Initial)  
Charles Rolecek

Transaction ID: SB20A.18945  
Date of Disbursement

Mailing Address 18 Kilton Road

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	0

City Bedford State NH Zip Code 03110

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Refund for Over the Limit Post Gen 2010

010
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

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

750.00
--------

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

750.00
--------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 23

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

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NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

A.

Full Name (Last, First, Middle Initial)  
Frank Guinta

Mailing Address 221 Crestview Road

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Debt Retire Loan Payment

Candidate Name  
Friends of Frank Guinta

Office Sought:  House  
 Senate  
 President  
State: NH District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

009  
Category/  
Type

Transaction ID: SB21.18995  
Date of Disbursement

12 / 30 / 2010

Amount of Each Disbursement this Period

19500.00

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

19500.00

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

19500.00

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

**Transaction ID: SC/10.4398**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Frank Guinta - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 221 Crestview Road	
City Manchester State NH ZIP Code 03104	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 6 D D 3 0 Y Y Y Y 2 0 0 9	12/31/2011	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="20000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

# SCHEDULE C (FEC Form 3)

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

## LOANS

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

Transaction ID: SC/10.6254

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Frank Guinta - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 221 Crestview Road

City Manchester State NH ZIP Code 03104

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

### TERMS

Date Incurred: MM DD YYYY    Date Due:  Interest Rate:  % (apr) Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="100000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

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

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 / 23
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

**Transaction ID: SC/10.7397**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Frank Guinta - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 221 Crestview Road	
City Manchester State NH ZIP Code 03104	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125000.00	0.00	125000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 27 Y Y Y Y 2010	12/31/2011	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶ <b>125000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	▶ [ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 22 / 23
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

**Transaction ID: SC/10.8910**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Frank Guinta - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 221 Crestview Road	
City Manchester State NH ZIP Code 03104	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="MM 09"/> <input type="text" value="DD 03"/> <input type="text" value="YYYY 2010"/>	<input type="text" value="12/31/2011"/>	<input type="text" value="0.0000"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="60000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**

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

PAGE 23 / 23

FOR LINE NUMBER: (check only one)  13a  13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Friends of Frank Guinta

**Transaction ID: SC/10.9070**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Frank Guinta - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 221 Crestview Road

City Manchester State NH ZIP Code 03104

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>9</td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>1</td><td>0</td></tr> </table> <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	0	9	D	D	1	0	Y	Y	Y	Y	2	0	1	0	12/31/2011	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	9																		
D	D																		
1	0																		
Y	Y	Y	Y																
2	0	1	0																

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="50000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="355000.00"/>

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