

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
TISEI CONGRESSIONAL COMMITTEE

ADDRESS (number and street) 26 MAIN STREET
 Check if different than previously reported. (ACC) LYNNFIELD MA 01940

2. **FEC IDENTIFICATION NUMBER** C C00506170 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MA 06

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 09 / 09 / 2014 in the State of MA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 07 / 01 / 2014 through 08 / 20 / 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 BRIAN CRESTA

Signature of Treasurer BRIAN CRESTA [Electronically Filed] Date 08 / 28 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TISEI CONGRESSIONAL COMMITTEE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	128775.10	1148159.42
(b) Total Contribution Refunds (from Line 20(d))	0.00	15725.56
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	128775.10	1132433.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	197136.59	642279.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	2530.00	22726.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	194606.59	619553.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	754087.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TISEI CONGRESSIONAL COMMITTEE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	73444.75	854434.79
(ii) Unitemized.....	20280.35	115159.63
(iii) TOTAL of contributions from individuals ▶	93725.10	969594.42
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	35050.00	173565.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	128775.10	1148159.42
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	200098.72
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	2530.00	22726.44
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	131305.10	1370984.58

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	197136.59	642279.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	14975.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	750.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	15725.56
21. OTHER DISBURSEMENTS	0.00	6000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	197136.59	664005.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	819918.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	131305.10
25. SUBTOTAL (add Line 23 and Line 24).....	951223.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	197136.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	754087.32

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

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

FOR LINE NUMBER: PAGE 5 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DONNA ALOISI

Mailing Address 1 WILLOWDALE DR

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer NORTHRUP ASSOCIATES Occupation REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.9863

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JAMES R. BACON

Mailing Address 73 FOREST STREET

City MANCHESTER State MA Zip Code 01944

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.10259

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HAROLD BANKS

Mailing Address 52 CLIFFWOOD LANE; P.O. BOX 697

City WEST FALMOUTH State MA Zip Code 02574

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.10211

Amount of Each Receipt this Period
250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JOHN B BJORLIE

Mailing Address 46 MUSSEL POINT RD

City State Zip Code
GLOUCESTER MA 01930

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.9907

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
THOMAS BOGART

Mailing Address 12 WIRTHMORE LANE

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.10097

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
ANTHONY BONGIORNO

Mailing Address 7 MANLEY STREET

City State Zip Code
MARBLEHEAD ME 01945

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

Name of Employer Occupation
MCDERMOTT, WILL AND EMERY ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.10228

Amount of Each Receipt this Period
500.00

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

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

1020.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOEL BRADLEY

Mailing Address 141 MAGAZINE ST

City CAMBRIDGE State MA Zip Code 02139

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

Name of Employer CIL, INC. Occupation CHEMIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.9954

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
DR. ARTHUR BUCKLEY

Mailing Address 5 CEDAR GROVE AVE

City PEABODY State MA Zip Code 01960

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.9992

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL J BUETOW

Mailing Address 10 CABOT COURT

City AMESBURY State MA Zip Code 01913

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

Name of Employer UP MEDIA GROUP Occupation PUBLISHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014

Transaction ID : SA11AI.10136

Amount of Each Receipt this Period
 50.00

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 8 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. DAVID E BUNKER

Mailing Address 52 CANDLEWOOD DRIVE

City State Zip Code
TOPSFIELD MA 01983

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.10249

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. NELSON BURBANK

Mailing Address 24 JUNIPER CIR

City State Zip Code
READING MA 01867

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.9951

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
TODD BURNE

Mailing Address 49 WEST EMERSON STREET

City State Zip Code
MELROSE MA 02176

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

Name of Employer Occupation
NORTHSHORE HOME SERVICES CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2014

Transaction ID : SA11AI.9888

Amount of Each Receipt this Period
100.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
TODD BURNE

Mailing Address 49 WEST EMERSON STREET

City MELROSE State MA Zip Code 02176

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

Name of Employer NORTHSHORE HOME SERVICES Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 475.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.10107

Amount of Each Receipt this Period
 _____ 100.00

B. Full Name (Last, First, Middle Initial)
DON BURNS

Mailing Address 450 ROYAL PALM WAY

City PALM BEACH State FL Zip Code 33480

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

Name of Employer 4 MVR LLC Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2014

Transaction ID : SA11AI.9901

Amount of Each Receipt this Period
 _____ 2600.00

C. Full Name (Last, First, Middle Initial)
SAMUEL CABOT

Mailing Address 103 HART STREET

City BEVERLY FARMS State MA Zip Code 01915

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.10032

Amount of Each Receipt this Period
 _____ 100.00

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

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

_____ 2800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JAMES CALLAHAN

Mailing Address 29 HERITAGE LANE

City LYNNFIELD State MA Zip Code 01940-2506

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.9605

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR. MICHAEL CALLUM

Mailing Address 11 EULOW ST

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.9591

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
ERIN CALVO-BACCI

Mailing Address 494 MAIN STREET
FLOOR 2

City READING State MA Zip Code 01867

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

Name of Employer BACCI CHOCOLATE DESIGN Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.9491

Amount of Each Receipt this Period
200.00

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
RONALD M CAMERON

Mailing Address **PO BOX 21440**

City **LITTLE ROCK** State **AR** Zip Code **72221**

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

Name of Employer **MOUNTAINAIRE CORP.** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.9612

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
WAYNE P CANTY

Mailing Address **3A FOUNDERS ROAD**

City **SHREWSBURY** State **MA** Zip Code **01545**

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

Name of Employer **HEAT TRACE PRODUCTS, LLC** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.10217

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN CARNEY

Mailing Address **3 COOLIDGE PARK**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **FIRST TRANSIT** Occupation **GENERAL MANAGER TRANSIT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.10235

Amount of Each Receipt this Period
100.00

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. BRIAN T CARTY

Mailing Address 301 BERKELEY ST
APT 2A

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
STEWARD PHYSICIAN NETWORK PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.9595

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
BRANDON CHAPMAN

Mailing Address 178 LOWELL ST
UNIT 1

City State Zip Code
READING MA 01867

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

Name of Employer Occupation
PRESIDIO NETWORKED SOLUTIONS FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2014

Transaction ID : SA11AI.10088

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS. SUSAN COLE

Mailing Address 4501 DEERFIELD CIRCLE

City State Zip Code
PEABODY MA 01960

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

Name of Employer Occupation
NORTHRUP ASSOCIATEES REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.9809

Amount of Each Receipt this Period
100.00

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

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

2150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LOUISE CONDON

Mailing Address **15 TAMARACK LANE**

City **NEEDHAM** State **MA** Zip Code **02492**

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

Name of Employer **SELF** Occupation **REAL ESTATE BROKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.9769

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
NANCY B CRATE

Mailing Address **PO BOX 5557**

City **BEVERLY** State **MA** Zip Code **01915**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.9614

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MATTHEW CUMMINGS

Mailing Address **11 LAKE STREET, UNIT 126**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **TRAVIZON, INC** Occupation **CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.10173

Amount of Each Receipt this Period
50.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. JOANN DEROSA

Mailing Address 83 BIRCH ST

City Peabody State MA Zip Code 01960

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.9634

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERTO L DI MARCO

Mailing Address 17 DIVISION ST

City Malden State MA Zip Code 02148

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.9588

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN DONOVAN

Mailing Address 4 HART ST

City San Rafael State CA Zip Code 94901

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11AI.10161

Amount of Each Receipt this Period
1000.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) DAVID DRISLANE		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2014	
Mailing Address 900 LYNNFIELD STREET UNIT 33		Transaction ID : SA11AI.10199	
City LYNNFIELD State MA Zip Code 01940	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) M S EARLE		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2014	
Mailing Address 18 FRESH RIVER AVENUE		Transaction ID : SA11AI.10084	
City HINGHAM State MA Zip Code 02043	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Name of Employer PUBLIC CONSULTING GROUP Occupation BUSINESS ANALYST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) MR. ROBERT ENGSTROM		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 422 N ROYAL ST		Transaction ID : SA11AI.9944	
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 16 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN FALLON

Mailing Address 36 WILDEWOOD DR

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer BCBS OF MASSACHUSETTS Occupation CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.9577

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STEVEN FANALE

Mailing Address 11 IROQUOIS ROAD

City DANVERS State MA Zip Code 01923

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.9627

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
PAUL FAZZINA

Mailing Address 300 MOUNTAIN VIEW DR.
APT 213

City STONEHAM State MA Zip Code 02180

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.9766

Amount of Each Receipt this Period
50.00

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PAUL FAZZINA

Mailing Address 300 MOUNTAIN VIEW DR.
APT 213

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.10194

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR. LEE FITZPATRICK

Mailing Address 15 KING ROAD

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
245.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.9630

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
WALTER FLEWELLING

Mailing Address 75 ADAMS STREET

City State Zip Code
DUNSTABLE MA 01827

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

Name of Employer Occupation
CRIMSON PRESS PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.9553

Amount of Each Receipt this Period
100.00

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALEX FORSCHNER

Mailing Address **77 WEST 55TH STREET**

City **NEW YORK** State **NY** Zip Code **10019**

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

Name of Employer **SELF** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.10154

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROY FROST

Mailing Address **4 CHESTNUT LANE**

City **BEDFORD** State **MA** Zip Code **01730**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.9956

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
GREG GIGLIO

Mailing Address **2 HANAH GRAVES WAY**

City **NORTH REDDING** State **MA** Zip Code **01864**

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

Name of Employer **DWYER ASSOCIATES** Occupation **MANUFACTURES REP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.9968

Amount of Each Receipt this Period
250.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVID GOODTREE

Mailing Address 60 COLONIAL RD

City: NEEDHAM State: MA Zip Code: 02492

FEC ID number of contributing federal political committee: C

Name of Employer: GOODTREE GORDON CHARITABLE Occupation: PHILANTHROPIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 07 / 30 / 2014

Transaction ID : SA11AI.10147

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
ROSALIND GORIN

Mailing Address 114 BRATTLE ST

City: CAMBRIDGE State: MA Zip Code: 02138

FEC ID number of contributing federal political committee: C

Name of Employer: REAL ESTATE INVESTMENT Occupation: HN GORIN, INC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 30 / 2014

Transaction ID : SA11AI.10146

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID F GROHNE

Mailing Address 25907 MURPHY ROAD

City: WILMINGTON State: IL Zip Code: 60481

FEC ID number of contributing federal political committee: C

Name of Employer: INDEPENDENCE TUBE CORP Occupation: PRINCIPAL/OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 08 / 13 / 2014

Transaction ID : SA11AI.9530

Amount of Each Receipt this Period: 2600.00

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MS. MARGARET T GROHNE		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2014	
Mailing Address 25907 MURPHY ROAD		Transaction ID : SA11AI.9532	
City WILMINGTON	State IL	Zip Code 60481	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer HOME MAKER	Occupation HOME MAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. MARK GROSS		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 56 SURRY DAM ROAD		Transaction ID : SA11AI.10152	
City SURRY	State NH	Zip Code 03431	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer SURRY INVESTMENT ADVISORS LLC	Occupation CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. PAUL GUANCI		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 54 CROSS LANE		Transaction ID : SA11AI.9946	
City BEVERLY	State MA	Zip Code 01915	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 200.00	
Name of Employer PAUL M. GUANCI CASUAL CATERING INC.	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 610.00		

SUBTOTAL of Receipts This Page (optional).....	3800.00
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: (check only one)	PAGE 21 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT GUPTILL

Mailing Address **9 FAIRVIEW CIRCLE**

City **GROVELAND** State **MA** Zip Code **01834**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **302.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.10073

Amount of Each Receipt this Period
52.00

B. Full Name (Last, First, Middle Initial)
JOHN HAMEL

Mailing Address **12 WASHINGTON STREET**

City **LYNN** State **MA** Zip Code **01904**

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

Name of Employer **J & S TRANSPORT CO., INC.** Occupation **MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.9899

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BERNHARD HEERSINK

Mailing Address **281 HIGH ST**

City **NEWBURYPORT** State **MA** Zip Code **01950**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **340.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 12 / 2014

Transaction ID : SA11AI.9887

Amount of Each Receipt this Period
90.00

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

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

642.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BERNHARD HEERSINK

Mailing Address 281 HIGH ST

City State Zip Code
NEWBURYPORT MA 01950

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
435.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2014

Transaction ID : SA11AI.9703

Amount of Each Receipt this Period
95.00

B. Full Name (Last, First, Middle Initial)
GEORGE HERZLINGER

Mailing Address 560 CONCORD AVE.

City State Zip Code
BELMONT MA 02478

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

Name of Employer Occupation
BELMONT INSTRUMENT CORPORATION MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.10174

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. JANICE T. HOUGHTON

Mailing Address 21 CRICKLEWOOD DRIVE.

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
STONEHAM BANK PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.9570

Amount of Each Receipt this Period
250.00

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

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

845.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. ROBERT HUGHES

Mailing Address 16 WILLOW ST.
UNIT 210

City MELROSE State MA Zip Code 02176

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.9984

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT HUGHES

Mailing Address 16 WILLOW ST.
UNIT 210

City MELROSE State MA Zip Code 02176

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.9995

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PHYLLIS HULL

Mailing Address 14 INDIAN HILL ROAD

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.9620

Amount of Each Receipt this Period
50.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANN JO JACKSON

Mailing Address **21 SALT ISLAND ROAD**

City **GLOUCESTER** State **MA** Zip Code **01930**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.9839

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL ANTHONY JANKO

Mailing Address **10 GLENDALE ROAD**

City **MARBLEHEAD** State **MA** Zip Code **01945**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11AI.9494

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. KEVIN T JOHNSON

Mailing Address **6 CARRIGAN CT**

City **GLOUCESTER** State **MA** Zip Code **01930**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.9915

Amount of Each Receipt this Period
300.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) ARTHUR KAHN		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2014	
Mailing Address 222 MOUNTAIN AVE.		Transaction ID : SA11AI.9641	
City MALDEN	State MA	Zip Code 02148	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer SELF	Occupation GEMOLOGIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) ROBERT KARGMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 151 TREMONT STREET		Transaction ID : SA11AI.10149	
City BOSTON	State MA	Zip Code 02111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer THE BOSTON LAND COMPANY	Occupation REAL ESTATE INVESTMENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) BETH KLARMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014	
Mailing Address 329 HEATH ST		Transaction ID : SA11AI.9748	
City CHESTNUT HILL	State MA	Zip Code 02467	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00 SEE REDESIGNATION BELOW	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	6250.00
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: (check only one)	PAGE 26 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) BETH KLARMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014
Mailing Address 329 HEATH ST		Transaction ID : SA11AI.9749
City CHESTNUT HILL	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	SEE REDESIGNATION BELOW
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) BETH KLARMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014
Mailing Address 329 HEATH ST		Transaction ID : SA11AI.9750
City CHESTNUT HILL	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	REDESIGNATED
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) JOAN (CAMI) LAMPERT		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2014
Mailing Address 48 CRAMOND ROAD		Transaction ID : SA11AI.9545
City CHESTNUT HILL	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer SELF-EMPLOYED	Occupation PUBLISHER CHILDREN'S BOOKS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 27 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
THOMAS W LANCE

Mailing Address **PO BOX 14**

City **MANCHESTER** State **MA** Zip Code **01944**

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

Name of Employer **BOSTON BEER** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.9974

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOHN B LANGER

Mailing Address **PO BOX 125**

City **PRIDES CROSSING** State **MA** Zip Code **01965**

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

Name of Employer **SELF** Occupation **FINANCIAL CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.10215

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LORENZO LEPORE

Mailing Address **101 MAIN ST.
#206**

City **MEDFORD** State **MA** Zip Code **02155**

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

Name of Employer **SELF** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11AI.9653

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
J DAVID LESLIE

Mailing Address **1 DESMOULIN LANE**

City **MARBLEHEAD** State **MA** Zip Code **01945**

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

Name of Employer **RACKEMANN, SAWYER & BREWSTER, PC** Occupation **LAWYER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 13 / 2014

Transaction ID : SA11AI.9857

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. PAUL LEVY

Mailing Address **84 HIGH ST
STE 204**

City **MEDFORD** State **MA** Zip Code **02155-3844**

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

Name of Employer **SELF** Occupation **PERIODONTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11AI.10162

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NANCY LINDSTROM

Mailing Address **2701 LEWIS O'GRAY DRIVE**

City **SAUGUS** State **MA** Zip Code **01906**

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

Name of Employer **CENTURY BANK** Occupation **SVP - RETAIL BANKING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.9521

Amount of Each Receipt this Period
100.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOANNE E MACINNIS

Mailing Address **3 FRANKWOOD AVE**

City **BEVERLY** State **MA** Zip Code **01915**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.9904

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN MALCOLM

Mailing Address **86 HOLYOKE ST**

City **LYNN** State **MA** Zip Code **01905**

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

Name of Employer
SELF

Occupation
ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1025.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11AI.10050

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS. ANNE MANNING-MARTIN

Mailing Address **37 DEXTER STREET**

City **PEABODY** State **MA** Zip Code **01960**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11AI.9616

Amount of Each Receipt this Period
100.00

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

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

225.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GEORGE MARKOS

Mailing Address 1 LONGMEADOW DRIVE

City State Zip Code
IPSWICH MA 01938

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

Name of Employer Occupation
YELL-O-GLOW CORP EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2014

Transaction ID : SA11AI.9818

Amount of Each Receipt this Period
 1000.00
 SEE REATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
GEORGE MARKOS

Mailing Address 1 LONGMEADOW DRIVE

City State Zip Code
IPSWICH MA 01938

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

Name of Employer Occupation
YELL-O-GLOW CORP EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2014

Transaction ID : SA11AI.10265

Amount of Each Receipt this Period
 -400.00
 SEE REATTRIBUTION BELOW
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JILL S MARKOS

Mailing Address 1 LONGMEADOW DRIVE

City State Zip Code
IPSWICH MA 01938

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2014

Transaction ID : SA11AI.10266

Amount of Each Receipt this Period
 400.00
 SEE REATTRIBUTION BELOW
[MEMO ITEM]

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVID MAURIELLO

Mailing Address 12 WINSHIP DRIVE

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11AI.9706

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LANCE MAY

Mailing Address 277 HIGHLAND STREET

City State Zip Code
LUNENBURG MA 01462

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.9645

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ROBERT MCCARTHY

Mailing Address 53 OUTLOOK ROAD

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2014

Transaction ID : SA11AI.10113

Amount of Each Receipt this Period
50.00

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHARLES MCCAULEY

Mailing Address **32 LAWRENCE STREET**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.9484

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MARY MCDOUGAL

Mailing Address **39 PROCTOR ST**

City **MANCHESTER** State **MA** Zip Code **01944**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 24 / 2014

Transaction ID : SA11AI.10068

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MICHAEL MCLAUGHLIN

Mailing Address **6 ROOSEVELT AVE**

City **PEABODY** State **MA** Zip Code **01960**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.9758

Amount of Each Receipt this Period
50.00

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. GUY MORSE

Mailing Address **279 CAMBRIDGE STREET**
UNIT 1A

City **BURLINGTON** State **MA** Zip Code **01803**

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

Name of Employer **SELF** Occupation **HAIR DESIGNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.9663

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAVID MOURADIAN

Mailing Address **36A ROSEMARY AVE**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **MELROSE ORIENTAL RUG** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.9970

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MRS. HILDA MOYNIHAN

Mailing Address **34 DONCASTER CIR.**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **TOWN OF LYNNFIELD** Occupation **SUBSTITUTE TEACHER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.9812

Amount of Each Receipt this Period
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JENNIFER NASSOUR

Mailing Address 340 MARLBOROUGH ST

City State Zip Code
BOSTON MA 02115

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

Name of Employer Occupation
CONSERVATIVE WOMEN FOR A BETTER FU FOUNDER & PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.9871

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
JOHN NESTOR

Mailing Address 9 SAGAMORE RD

City State Zip Code
IPSWICH MA 01938

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

Name of Employer Occupation
AMESBURY PSYCHOLOGICAL CENTER, INC LICENSED MENTAL HEALTH COUNSELOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11AI.9726

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
LUCAS NOBLE

Mailing Address 16 LINDEN RD

City State Zip Code
GLOUCESTER MA 01930

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

Name of Employer Occupation
LUCAS NOBLE FINANCIAL FINANCIAL REPRESENTATIVE/PLANNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.9798

Amount of Each Receipt this Period
1000.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
TIMOTHY NOONAN

Mailing Address **22 HUMPHREY STREET**

City **SWAMPSCOTT** State **MA** Zip Code **01907**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11AI.9725

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. DALE OKONOW

Mailing Address **750 SOUTH STREET**

City **NEEDHAM** State **MA** Zip Code **02492**

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

Name of Employer **THE WATERMILL GROUP** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.10144

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. CONNIE ORLANDO

Mailing Address **5 WESTERN AVE**

City **GLOUCESTER** State **MA** Zip Code **01930**

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

Name of Employer **ORLANDO & ASSOCIATES** Occupation **BOOKKEEPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
987.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 12 / 2014

Transaction ID : SA11AI.10269

Amount of Each Receipt this Period
987.75

IN-KIND: CATERING SERVICES

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

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

1587.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOSEPH M ORLANDO

Mailing Address **5 WESTERN AVE**

City **GLOUCESTER** State **MA** Zip Code **01930**

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

Name of Employer **ORLANDO & ASSOC.** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2350.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 12 / 2014

Transaction ID : SA11A1.10170

Amount of Each Receipt this Period
1350.00

IN-KIND: **CATERING SERVICES**

B. Full Name (Last, First, Middle Initial)
JOSEPH M ORLANDO

Mailing Address **5 WESTERN AVE**

City **GLOUCESTER** State **MA** Zip Code **01930**

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

Name of Employer **ORLANDO & ASSOC.** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11A1.9660

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM PAINE

Mailing Address **11 SANBORN STREET**

City **WINCHESTER** State **MA** Zip Code **01890**

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

Name of Employer **WILMERHALE** Occupation **LAWYER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11A1.10096

Amount of Each Receipt this Period
500.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARCIA PORETSKY

Mailing Address 4905 HEATHERWOOD LANE

City WEST PEABODY State MA Zip Code 01960

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

Name of Employer NORTHRUP REALTORS Occupation BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.9948

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID C PORTER

Mailing Address 17 TWILLINGATE RD

City SUDBURY State MA Zip Code 01776

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.9867

Amount of Each Receipt this Period
 2400.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY PORTER

Mailing Address 416 MARLBOROUGH STREET
UNIT 707

City BOSTON State MA Zip Code 02115

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.10230

Amount of Each Receipt this Period
 250.00

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) MR. ROBERT M POWELL JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2014
Mailing Address 32 BANCROFT RD		Transaction ID : SA11AI.9938
City ANDOVER	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer FRESENIUS MEDICAL CARE	Occupation HEALTHCARE EXECUTIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) MR. WARREN A RAZZABONI SR		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014
Mailing Address 42 LOWELL ROAD		Transaction ID : SA11AI.9699
City PEPPERELL	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) HOWARD RICH		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2014
Mailing Address 289 OCEAN AVENUE		Transaction ID : SA11AI.10150
City MARBLEHEAD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	SEE REDESIGNATION BELOW
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	3800.00
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: (check only one)	PAGE 39 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
HOWARD RICH

Mailing Address **289 OCEAN AVENUE**

City **MARBLEHEAD** State **MA** Zip Code **01945**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.10263

Amount of Each Receipt this Period
-400.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
HOWARD RICH

Mailing Address **289 OCEAN AVENUE**

City **MARBLEHEAD** State **MA** Zip Code **01945**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.10264

Amount of Each Receipt this Period
400.00

REDESIGNATED

C. Full Name (Last, First, Middle Initial)
MR. HOWARD S RICH

Mailing Address **108 ARCH ST**
1002

City **PHILADELPHIA** State **PA** Zip Code **19106**

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

Name of Employer **ALG** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.9551

Amount of Each Receipt this Period
2600.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 40 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. EDWARD ROMBOLI

Mailing Address 31 GILBERT STREET

City MALDEN State MA Zip Code 02148

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

Name of Employer COMMONWEALTH OF MASSACHUSETTS Occupation COURT OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.9642

Amount of Each Receipt this Period
 _____ 50.00

B. Full Name (Last, First, Middle Initial)
NEAL RYLAND

Mailing Address 55 BEAVER POND RD

City BEVERLY State MA Zip Code 01915

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.10031

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
JAY SAMMONS

Mailing Address 40 EAST 9TH STREET
APT. 9B

City NEW YORK State NY Zip Code 10003

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

Name of Employer CARLYLE Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 14 / 2014

Transaction ID : SA11AI.10138

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MRS. CLAUDIA SARNO

Mailing Address **2 JOSEPHINE AVE**

City **BURLINGTON** State **MA** Zip Code **01803**

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

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.9813

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
SANJAY KADANDALE SHETTY

Mailing Address **171 WEBSTER ST**

City **NEEDHAM** State **MA** Zip Code **02494**

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

Name of Employer
MASSACHUSETTS GENERAL HOSPITAL

Occupation
DIAGNOSTIC RADIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.9599

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
PETER SOLOMON

Mailing Address **68 PRESTON STREET
UNIT 7F**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer
COMMONWEALTH OF MASSACHUSETTS

Occupation
PARALEGAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.10094

Amount of Each Receipt this Period
300.00

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) JACQUELINE SONNABEND		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 22 HOLLAND ROAD		Transaction ID : SA11AI.9869	
City WAKEFIELD	State MA	Zip Code 01880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer SONESTA HOTELS	Occupation EXECUTIVE VICE PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) JACQUELINE SONNABEND		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 22 HOLLAND ROAD		Transaction ID : SA11AI.9870	
City WAKEFIELD	State MA	Zip Code 01880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer SONESTA HOTELS	Occupation EXECUTIVE VICE PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) CAMPBELL STEWARD		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2014	
Mailing Address 65 ASBURY ST		Transaction ID : SA11AI.10201	
City TOPSFIELD	State MA	Zip Code 01983	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOANNE STPIERRE

Mailing Address 29 NEWCOMB RD

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
MASSPORT AUTHORITY BUDGET DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11AI.9872

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MICHAEL SUPINO

Mailing Address 1 COOKS FARM LANE

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.9601

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
LORETTA TENAGLIA

Mailing Address 101 BROOKSBY VILLAGE DR
APT 111

City State Zip Code
PEABODY MA 01960

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.9912

Amount of Each Receipt this Period
50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 44 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LORETTA TENAGLIA

Mailing Address 101 BROOKSBY VILLAGE DR
APT 111

City State Zip Code
PEABODY MA 01960

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.9528

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. ALBERT TURCO

Mailing Address 16 INDIAN LN

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.10195

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
RUSS VICKERS

Mailing Address 15 BEACH AVE

City State Zip Code
SALEM MA 01970

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.9779

Amount of Each Receipt this Period
100.00

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 45 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. EDITH C. WENDT

Mailing Address **26 CENTER VILLAGE**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.9977

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS. EDITH C. WENDT

Mailing Address **26 CENTER VILLAGE**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.10187

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
S.H. WESTERGAARD

Mailing Address **333 RIVER STREET, APT. 921**

City **HOBOKEN** State **NJ** Zip Code **07030**

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

Name of Employer **FULTON, ROWE & HART LLP** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.10064

Amount of Each Receipt this Period
250.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JEFF WHITTEMORE

Mailing Address **7 TRENEL COVE ROAD**

City **GLOUCESTER** State **MA** Zip Code **01930**

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

Name of Employer **JEFF WHITTEMORE TRANSPORT** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 13 / 2014

Transaction ID : SA11AI.10040

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ANDREW WYLY

Mailing Address **300 CRESCENT CRT SUITE 850**

City **DALLAS** State **TX** Zip Code **75201**

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

Name of Employer **SELF-EMPLOYED** Occupation **FILM MAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.9959

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

73444.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

Mailing Address **22 CHERRY HILL DRIVE**

City **DANVERS** State **MA** Zip Code **01923**

FEC ID number of contributing federal political committee. **C C00426445**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11C.9936

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
ANN PAC

Mailing Address **P.O. BOX 3535**

City **BALLWIN** State **MO** Zip Code **63022**

FEC ID number of contributing federal political committee. **C C00531764**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11C.10020

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address **PO BOX 20503**

City **INDIANAPOLIS** State **IN** Zip Code **46220**

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11C.9720

Amount of Each Receipt this Period

2500.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
HEARTDOCPAC

Mailing Address **PO BOX 628**

City **EVANSVILLE** State **IN** Zip Code **47704**

FEC ID number of contributing federal political committee. **C C00523381**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11C.9925

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Mailing Address **1501 K STREET NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00084491**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11C.10018

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
KELLY PAC

Mailing Address **901 N WASHINGTON STREET
SUITE 700**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00493411**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11C.9932

Amount of Each Receipt this Period
 5000.00

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

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. NEXT CENTURY FUND		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 116 S ROYAL STREET		Transaction ID : SA11C.9547
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee. C C00343947		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 1100 WILSON BLVD SUITE 1500		Transaction ID : SA11C.9722
City ARLINGTON	State VA	
FEC ID number of contributing federal political committee. C C00097568		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 1100 WILSON BLVD SUITE 1500		Transaction ID : SA11C.10243
City ARLINGTON	State VA	
FEC ID number of contributing federal political committee. C C00097568		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

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: (check only one)	PAGE 50 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Mailing Address 409 12TH STREET, SW

City State Zip Code
WASHINGTON DC 20024

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 30 2014

Transaction ID : SA11C.9922

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
WAKEFIELD REPUBLICAN TOWN COMMITTEE

Mailing Address 18 BANCROFT AVE

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 13 2014

Transaction ID : SA11C.9549

Amount of Each Receipt this Period
 500.00

NON-FEDERAL COMMITTEE

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

3000.00

35000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
STRIPE, INC.

Mailing Address 3180 18TH STREET

City SAN FRANCISCO State CA Zip Code 94110

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA14.10261

Amount of Each Receipt this Period
 2530.00
 APPLICATION FEES REFUND

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2530.00

2530.00

**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 52 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AL PRIME ENERGY		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 319 SALEM ST		Amount of Each Disbursement this Period 5886.29
City WAKEFIELD	State MA	
Zip Code 01880	Purpose of Disbursement FARRENKOPF REIMBURSEMENT: TRAVEL: FUEL	Transaction ID : SB17.9437
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 145.51
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: BANK FEES	Transaction ID : SB17.9449
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 5886.29
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	Transaction ID : SB17.9303
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5886.29
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 53 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS - MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 115.06 Transaction ID : SB17.9304
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS - MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 240.77 Transaction ID : SB17.9305
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 370.00 Transaction ID : SB17.9467 [MEMO ITEM]
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: TRAVEL: RAIL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	355.83
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 54 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.9454 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.9453 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.9452 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AUTHORIZE.NET			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address PO BOX 8999			Amount of Each Disbursement this Period 25.40	
City SAN FRANCISCO	State CA	Zip Code 94128	Transaction ID : SB17.9306	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. AUTHORIZE.NET			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address PO BOX 8999			Amount of Each Disbursement this Period 35.05	
City SAN FRANCISCO	State CA	Zip Code 94128	Transaction ID : SB17.9307	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. AUTHORIZE.NET			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address PO BOX 8999			Amount of Each Disbursement this Period 25.20	
City SAN FRANCISCO	State CA	Zip Code 94128	Transaction ID : SB17.9308	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	85.65
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 56 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.35
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9309
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 80.16
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9310
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 11.29
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9311
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	126.80
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 57 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 401 PARK DR #14		Amount of Each Disbursement this Period 741.44
City BOSTON State MA Zip Code 02215	Purpose of Disbursement PAYROLL BENEFITS	
Candidate Name		Transaction ID : SB17.9314
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 401 PARK DR #14		Amount of Each Disbursement this Period 741.44
City BOSTON State MA Zip Code 02215	Purpose of Disbursement PAYROLL BENEFITS	
Candidate Name		Transaction ID : SB17.9315
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ERIN CALVO-BACCI		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 3500.00
City READING State MA Zip Code 01867	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.9328
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	4982.88
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 58 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ERIN CALVO-BACCI		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9329
City READING	State MA	
Zip Code 01867	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ERIN CALVO-BACCI		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9330
City READING	State MA	
Zip Code 01867	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHIPOTLE		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 444 BROADWAY		Amount of Each Disbursement this Period 38.31 Transaction ID : SB17.9473 [MEMO ITEM]
City SAUGUS	State MA	
Zip Code 01906	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: TRAVEL: FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CIRCLE K		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 935 E TALLMADGE AVE		Amount of Each Disbursement this Period 25.00
City AKRON State OH Zip Code 44310	Purpose of Disbursement FARRENKOPF REIMBURSEMENT: TRAVEL: FUEL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.9433 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address PO BOX 196		Amount of Each Disbursement this Period 135.47
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement BROADBAND SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.9323
State: District:		

Full Name (Last, First, Middle Initial) C. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address PO BOX 196		Amount of Each Disbursement this Period 274.13
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement BROADBAND SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.9324
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	409.60
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 60 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. COMPETITIVE EDGE		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 3500 109TH STREET		Amount of Each Disbursement this Period 665.00
City DES MOINES	State IA	
Zip Code 50322	Purpose of Disbursement PRINTING & DESIGN SERVICES	Transaction ID : SB17.9326
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. COMPETITIVE EDGE		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 3500 109TH STREET		Amount of Each Disbursement this Period 87.50
City DES MOINES	State IA	
Zip Code 50322	Purpose of Disbursement PRINTING & DESIGN SERVICES	Transaction ID : SB17.9327
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 11 NEWBURY STREET		Amount of Each Disbursement this Period 46.66
City DANVERS	State MA	
Zip Code 01923	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.9459
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	752.50
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 61 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CROSBY'S		Date of Disbursement MM / DD / YYYY 07 / 04 / 2014
Mailing Address 3 SUMMER ST		Amount of Each Disbursement this Period 27.90
City MANCHESTER	State MA	
Zip Code 01944	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.9440
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CVS PHARMACY		Date of Disbursement MM / DD / YYYY 06 / 28 / 2014
Mailing Address 220 MAPLE STREET		Amount of Each Disbursement this Period 5.48
City MIDDLETON	State MA	
Zip Code 01949	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.9442
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. CVS PHARMACY		Date of Disbursement MM / DD / YYYY 07 / 08 / 2014
Mailing Address 220 MAPLE STREET		Amount of Each Disbursement this Period 1.05
City MIDDLETON	State MA	
Zip Code 01949	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.9443
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 3 CENTRAL STREET		Amount of Each Disbursement this Period 15.00
City PEABODY State MA Zip Code 01960	Purpose of Disbursement SZOLD REIMBURSEMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.9425 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1175.34
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	
Candidate Name	Category/Type	Transaction ID : SB17.9404
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1195.16
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	
Candidate Name	Category/Type	Transaction ID : SB17.9403
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2370.50
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 63 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1175.39
City AUBURN State MA Zip Code 01501	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Candidate Name	Transaction ID : SB17.9410
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1435.40
City AUBURN State MA Zip Code 01501	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Candidate Name	Transaction ID : SB17.9416
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00
City LYNNFIELD State MA Zip Code 01940	Category/Type	
Purpose of Disbursement PAYROLL	Candidate Name	Transaction ID : SB17.9405
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4360.79
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 64 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL FARRENKOPF			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 171.36	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9352	
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PAUL FARRENKOPF			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 20.21	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9349	
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PAUL FARRENKOPF			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 1750.00	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9411	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1941.57
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 65 OF 98		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9417
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GATEWAY REALTY TRUST		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 239 WESTERN AVE		Amount of Each Disbursement this Period 2300.00 Transaction ID : SB17.9333
City ESSEX	State MA	
Zip Code 01929	Purpose of Disbursement RENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GATEWAY REALTY TRUST		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 239 WESTERN AVE		Amount of Each Disbursement this Period 2300.00 Transaction ID : SB17.9334
City ESSEX	State MA	
Zip Code 01929	Purpose of Disbursement RENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GLOBAL GAS		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 180 BOSTON ST		Amount of Each Disbursement this Period 30.00
City LYNN	State MA Zip Code 01904	
Purpose of Disbursement FARRENKOPF REIMBURSEMENT: TRAVEL: FUEL		Transaction ID : SB17.9430
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 95.00
City MOUNTAIN VIEW	State CA Zip Code 94043	
Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: ONLINE ADVERTISING		Transaction ID : SB17.9451
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00
City LYNNFIELD	State MA Zip Code 01940	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.9406
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9412
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9418
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GRIDIRON COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address PO BOX 1308		Amount of Each Disbursement this Period 12615.69 Transaction ID : SB17.9335
City GRANGER	State IN	
Zip Code 46530	Purpose of Disbursement DIRECT MAIL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	18615.69
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 68 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GRIDIRON COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address PO BOX 1308			Amount of Each Disbursement this Period 3785.00
City GRANGER	State IN	Zip Code 46530	
Purpose of Disbursement DIRECT MAIL CONSULTING		Candidate Name	Transaction ID : SB17.9336
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) B. GRIDIRON COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO BOX 1308			Amount of Each Disbursement this Period 2975.00
City GRANGER	State IN	Zip Code 46530	
Purpose of Disbursement DIRECT MAIL CONSULTING		Candidate Name	Transaction ID : SB17.9337
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) C. GRIDIRON COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address PO BOX 1308			Amount of Each Disbursement this Period 8173.70
City GRANGER	State IN	Zip Code 46530	
Purpose of Disbursement DIRECT MAIL CONSULTING		Candidate Name	Transaction ID : SB17.9338
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	14933.70
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 69 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GRIDIRON COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO BOX 1308		Amount of Each Disbursement this Period 1070.00
City GRANGER	State IN Zip Code 46530	
Purpose of Disbursement DIRECT MAIL CONSULTING	Category/Type	Transaction ID : SB17.9339
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 357 BROADWAY		Amount of Each Disbursement this Period 46.39
City SAUGUS	State MA Zip Code 01906	
Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: TRAVEL: FOOD	Category/Type	Transaction ID : SB17.9471 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 357 BROADWAY		Amount of Each Disbursement this Period 8.99
City SAUGUS	State MA Zip Code 01906	
Purpose of Disbursement SZOLD REIMBURSEMENT: TRAVEL: FOOD	Category/Type	Transaction ID : SB17.9426 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1070.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. HANNAFORD		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 357 BROADWAY		Amount of Each Disbursement this Period 3.92
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9438 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HESS CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 545 LOWELL ST		Amount of Each Disbursement this Period 20.00
City PEABODY State MA Zip Code 01960	Purpose of Disbursement FARRENKOPF REIMBURSEMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.9434 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. HESS CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 545 LOWELL ST		Amount of Each Disbursement this Period 25.00
City PEABODY State MA Zip Code 01960	Purpose of Disbursement FARRENKOPF REIMBURSEMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.9428 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. HUNT'S PHOTO & VIDEO		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 100 MAIN STREET		Amount of Each Disbursement this Period 479.16
City MELROSE State MA Zip Code 02176-6104	Purpose of Disbursement SZOLD REIMBURSEMENT: PHOTOGRAPHY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.9424 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HYATT REGENCY HOTEL		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 400 NEW JERSEY AVENUE		Amount of Each Disbursement this Period 1037.27
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.9448 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. IMGE LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 603 KING STREET 4TH FLOOR		Amount of Each Disbursement this Period 17246.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	Transaction ID : SB17.9340
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	17246.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ASHLEY KORB			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014		
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 3500.00		
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9407		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. ASHLEY KORB			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014		
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 3500.00		
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9413		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. ASHLEY KORB			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014		
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 3500.00		
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9419		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	10500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. LAZ PARKING		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 149 NEWBURY STREET		Amount of Each Disbursement this Period 13.00
City BOSTON	State MA	
Zip Code 02116	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: PARKING SERVICES	Transaction ID : SB17.9450
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MERCHANT WAREHOUSE		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address PO BOX 6600		Amount of Each Disbursement this Period 231.20
City HAGERSTOWN	State MD	
Zip Code 21740	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9343
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONAL GRID		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO BOX 11735		Amount of Each Disbursement this Period 129.98
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement UTILITIES	Transaction ID : SB17.9346
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	361.18
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 74 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHELSEY NEUHAUS			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 1750.00	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9408	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. CHELSEY NEUHAUS			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 80.45	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9321	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. CHELSEY NEUHAUS			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 1750.00	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9414	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	3580.45
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 75 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHELSEY NEUHAUS			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 844.68	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9322	
Purpose of Disbursement MILEAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CHELSEY NEUHAUS			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 1750.00	
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9420	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. NORTH OF BOSTON MEDIA GROUP			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 100 TURNPIKE STREET			Amount of Each Disbursement this Period 14.99	
City NORTH ANDOVER	State MA	Zip Code 01845	Transaction ID : SB17.9457	
Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: ONLINE ADVERTISING		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2594.68
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 76 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. NORTH SHORE NAVIGATORS BASEBALL		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO BOX 8188		Amount of Each Disbursement this Period 548.00
City LYNN	State MA Zip Code 01904	
Purpose of Disbursement CATERING SERVICES	Category/Type	Transaction ID : SB17.9348
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ORBITZ		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 500 W MADISON STREET		Amount of Each Disbursement this Period 302.00
City CHICAGO	State IL Zip Code 33137	
Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: TRAVEL: AIR	Category/Type	Transaction ID : SB17.9469
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. MS. CONNIE ORLANDO		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2014
Mailing Address 5 WESTERN AVE		Amount of Each Disbursement this Period 987.75
City GLOUCESTER	State MA Zip Code 01930	
Purpose of Disbursement IN-KIND: CATERING SERVICES	Category/Type	Transaction ID : SB17.9402
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1535.75
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 77 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. JOSEPH M ORLANDO		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2014
Mailing Address 5 WESTERN AVE		Amount of Each Disbursement this Period 1350.00 Transaction ID : SB17.9400
City GLOUCESTER	State MA	
Zip Code 01930	Purpose of Disbursement IN-KIND: CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PEABODY MUNICIPAL LIGHT PLANT		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 201 WARREN STREET EXT		Amount of Each Disbursement this Period 133.65 Transaction ID : SB17.9350
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PEABODY MUNICIPAL LIGHT PLANT		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 201 WARREN STREET EXT		Amount of Each Disbursement this Period 164.00 Transaction ID : SB17.9351
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1647.65
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 78 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2412.92
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.9353
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2411.04
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.9354
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JAMES ROCKAS		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 10 MIRABEAU LANE		Amount of Each Disbursement this Period 1000.00
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.9341
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5823.96
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 79 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. JAMES ROCKAS		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 10 MIRABEAU LANE		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.9342
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JAMES ROCKAS		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 10 MIRABEAU LANE		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.9422
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. SHERATON NEW YORK TIMES SQUARE		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 811 7TH AVE		Amount of Each Disbursement this Period 773.53 Transaction ID : SB17.9464 [MEMO ITEM]
City NEW YORK	State NY	
Zip Code 10019	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: TRAVEL: LODGING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. SHERATON NEW YORK TIMES SQUARE		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 811 7TH AVE		Amount of Each Disbursement this Period 77.66
City NEW YORK	State NY	
Zip Code 10019	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: PARKING SERVICES	Transaction ID : SB17.9463
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SMART MEDIA GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 1427 LESLIE AVENUE SUITE 100		Amount of Each Disbursement this Period 50866.00
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement PLACED MEDIA	Transaction ID : SB17.9356
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SOMETHING ELSE STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 212 GOLDEN WILLOW COURT		Amount of Each Disbursement this Period 9776.00
City EASLEY	State SC	
Zip Code 29642	Purpose of Disbursement MEDIA PRODUCTION	Transaction ID : SB17.9357
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	60642.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 301 NEWBURY STREET		Amount of Each Disbursement this Period 14.12
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9470 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 301 NEWBURY STREET		Amount of Each Disbursement this Period 51.36
City DANVERS State MA Zip Code 01923	Purpose of Disbursement FARRENKOPF REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9435 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 149.90
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.9358
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	149.90
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)		PAGE 82 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 1268.86	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9359	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 600.60	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9360	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 8.20	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9361	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1877.66
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 83 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 207.98	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9362	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 44.05	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9363	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 8.20	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9364	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	260.23
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 84 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 6.57	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9365	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 8.58	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9366	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 55.08	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9367	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	70.23
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 85 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 5.34	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9368	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 8.20	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9369	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 20.75	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9370	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	34.29
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 86 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 20.78	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9371	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 12.76	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9372	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 12.58	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9373	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	46.12
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 87 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 29.86	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9374	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 20.96	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9375	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 31.16	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9376	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	81.98
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 88 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 11.18	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9377	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 30.53	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9378	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 113.94	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9379	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	155.65
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 89 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 15.04		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9380		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 8.81		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9381		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 2.28		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9382		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	26.13
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 90 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 8.20	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9383	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 45.30	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9384	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 23.82	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9385	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	77.32
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 91 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 49.12	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9386	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 96.31	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9387	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 87.64	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9388	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	233.07
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 92 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 87.32	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9389	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 40.14	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9390	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 29.76	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9391	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	157.22
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 93 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. SUPER PETROLEUM		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 340 LINCOLN AVE		Amount of Each Disbursement this Period 4100.00
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement FARRENKOPF REIMBURSEMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.9432 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SWIFTCURRENT STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 186 CABOT STREET		Amount of Each Disbursement this Period 3500.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	Transaction ID : SB17.9392
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. SWIFTCURRENT STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 186 CABOT STREET		Amount of Each Disbursement this Period 600.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	Transaction ID : SB17.9393
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 98		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9409
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 503.15 Transaction ID : SB17.9320
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9415
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4503.15
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 95 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9421
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. TARGET		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 42.10 Transaction ID : SB17.9444 [MEMO ITEM]
City DANVERS	State MA	
Zip Code 01923	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE CATALYST GROUP RW, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330		Amount of Each Disbursement this Period 4320.28 Transaction ID : SB17.9396
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6320.28
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 96 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE CATALYST GROUP RW, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330		Amount of Each Disbursement this Period 2184.86
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.9397
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 564 BROADWAY		Amount of Each Disbursement this Period 26.38
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9456 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE OCEANAIRE SEAFOOD ROOM		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 40 COURT STREET		Amount of Each Disbursement this Period 1939.84
City BOSTON State MA Zip Code 02108	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.9466 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2184.86
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 97 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. TLF PARKER FLORIST		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 9 LINCOLN STREET		Amount of Each Disbursement this Period 58.95
City WAKEFIELD	State MA	
Zip Code 01880	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: FLORAL EXPENSE	Transaction ID : SB17.9461
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 151 RANTOUL STREET		Amount of Each Disbursement this Period 245.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: DELIVERY SERVICES	Transaction ID : SB17.9455
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 195.00
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: TRAVEL: AIR	Transaction ID : SB17.9447
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 167.00
City PHOENIX	State AZ	
Zip Code 85034		Transaction ID : SB17.9445
Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: TRAVEL: AIR		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 200.00
City PHOENIX	State AZ	
Zip Code 85034		Transaction ID : SB17.9446
Purpose of Disbursement AMEX 7/17/14 CC PAYMENT: TRAVEL: AIR		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. YANKEE HOMECOMING PARADE		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address PO BOX 493		Amount of Each Disbursement this Period 1500.00
City NEWBURYPORT	State MA	
Zip Code 01950		Transaction ID : SB17.9399
Purpose of Disbursement EVENT REGISTRATION FEE		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	196701.56