FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
14 APR 28 PM 4:02
Office Use Only

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

Bob Massie for U.S. Senate

ADDRESS (number and street) ▼ 140 Sycamore St.

Check if different than previously reported. (ACC)

CITY ▲ Somerville STATE ▲ MA ZIP CODE ▲ 02145 -

2. **FEC IDENTIFICATION NUMBER ▼** C00492561

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

STATE ▼ MA DISTRICT 00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

X 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 MM / Y in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period 01 01 2014 through 03 15 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 Shelley Alpern

Signature of Treasurer Shelley Alpern Date 04 21 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.

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(Revised 02/2003)

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