

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

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Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

m e s h P A C

ADDRESS (number and street)

P O B o x # 6 6 7 6



Check if different  
than previously  
reported. (ACC)

P o r t s m o u t h

N H

0 3 8 0 2 - 6 6 7 6

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 5 3 4 0 5 7

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY  
0 7 / 0 1 / 2 0 1 3

MM / DD / YYYY  
0 1 / 0 1 / 2 0 1 3

MM / DD / YYYY  
2 0 1 3 / 0 1 / 2 0 1 3

through

MM / DD / YYYY  
1 2 / 3 1 / 2 0 1 3

MM / DD / YYYY  
3 1 / 0 1 / 2 0 1 3

MM / DD / YYYY  
2 0 1 3 / 0 1 / 2 0 1 3

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 Matthew Hancock

Signature of Treasurer

Date

MM / DD / YYYY  
0 1 / 3 0 / 2 0 1 4

MM / DD / YYYY  
3 0 / 0 1 / 2 0 1 4

MM / DD / YYYY  
2 0 1 4 / 0 1 / 2 0 1 4

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

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**meshPAC**

Report Covering the Period:

From:

0 7

0 1

2 0 1 3

To:

1 2

3 1

2 0 1 3

**COLUMN A  
This Period**

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

6. (a) Cash on Hand

January 1,

2 0 1 3

6 0 0 1 0 4

(b) Cash on Hand at

Beginning of Reporting Period.....

6 0 0 4 0 4

(c) Total Receipts (from Line 19) .....

2 2 6

5 2 6

(d) Subtotal (add Lines 6(b) and

6(c) for Column A and Lines

6(a) and 6(c) for Column B) .....

6 0 0 6 3 0

6 0 0 6 3 0

7. Total Disbursements (from Line 31) .....

3 6 6 7 4 8

3 6 6 7 4 8

8. Cash on Hand at Close of

Reporting Period

(subtract Line 7 from Line 6(d)) .....

2 3 3 8 8 2

2 3 3 8 8 2

9. Debts and Obligations Owed TO

the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0 0 0

10. Debts and Obligations Owed BY

the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0 0 0



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

**For further information contact:**

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

meshPAC

Report Covering the Period:

From:

0 7 / 0 1 / 2 0 1 3

To:

1 2 / 3 1 / 2 0 1 3

## **I. Receipts**

### **COLUMN A** Total This Period

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

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

**(a) Individuals/Persons Other Than Political Committees**

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

0 0 0

0 0 0

(ii) Unitemized .....

0 0 0

0 0 0

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0 0 0

0 0 0

**(b) Political Party Committees .....**

0 0 0

0 0 0

**(c) Other Political Committees**

(such as PACs).....

0 0 0

0 0 0

**(d) Total Contributions (add Lines**

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

Totals to Line 33, page 5).....▶

0 0 0

0 0 0

**12. Transfers From Affiliated/Other**

**Party Committees .....**

0 0 0

0 0 0

**13. All Loans Received .....**

0 0 0

0 0 0

**14. Loan Repayments Received .....**

0 0 0

0 0 0

**15. Offsets To Operating Expenditures**

(Refunds, Rebates, etc.)

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

0 0 0

0 0 0

**16. Refunds of Contributions Made**

**to Federal Candidates and Other**

**Political Committees .....**

0 0 0

0 0 0

**17. Other Federal Receipts**

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

0 0 0

0 0 0

2 2 6

5 2 6

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

**(a) Non-Federal Account**

(from Schedule H3) .....

0 0 0

0 0 0

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

0 0 0

0 0 0

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

0 0 0

0 0 0

**19. Total Receipts (add Lines 11(d),**

**12, 13, 14, 15, 16, 17, and 18(c)).....▶**

0 0 0

0 0 0

2 2 6

5 2 6

**20. Total Federal Receipts**

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

2 2 6

5 2 6

2 2 6

5 2 6

2 2 6

5 2 6

2 2 6

5 2 6

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

### **COLUMN A** Total This Period

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

21. Operating Expenditures:  
 (a) Allocated Federal/Non-Federal Activity (from Schedule H4)  
 (i) Federal Share .....

0 0 0

0 0 0

- (ii) Non-Federal Share.....

0 0 0

0 0 0

- (b) Other Federal Operating Expenditures .....

7 0 0 0

7 0 0 0

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

7 0 0 0

7 0 0 0

22. Transfers to Affiliated/Other Party Committees.....

0 0 0

0 0 0

23. Contributions to Federal Candidates/Committees and Other Political Committees.....

0 0 0

0 0 0

24. Independent Expenditures (use Schedule E) .....

0 0 0

0 0 0

25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....

0 0 0

0 0 0

26. Loan Repayments Made.....

0 0 0

0 0 0

27. Loans Made.....

0 0 0

0 0 0

28. Refunds of Contributions To:  
 (a) Individuals/Persons Other Than Political Committees .....

0 0 0

0 0 0

- (b) Political Party Committees .....

0 0 0

0 0 0

- (c) Other Political Committees (such as PACs).....

0 0 0

0 0 0

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

0 0 0

0 0 0

29. Other Disbursements .....

3 5 9 7 4 8

3 5 9 7 4 8

30. Federal Election Activity (2 U.S.C. §431(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

0 0 0

0 0 0

- (i) Federal Share .....

0 0 0

0 0 0

- (ii) "Levin" Share.....

- (b) Federal Election Activity Paid Entirely With Federal Funds .....

0 0 0

0 0 0

- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....

0 0 0

0 0 0

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

3 6 6 7 4 8

3 6 6 7 4 8

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

3 6 6 7 4 8

3 6 6 7 4 8

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/Operating Ex-** **penditures**

### **COLUMN A** **Total This Period**

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

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

0	0	0
0	0	0
0	0	0
7	0	0
0	0	0
7	0	0

0	0	0
0	0	0
0	0	0
7	0	0
0	0	0
7	0	0

14031174570

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 2

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

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

NAME OF COMMITTEE (In Full)

**meshPAC**

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement	
Hotcards		<div>MM / DD / YYYY</div> <div>1 0 / 0 1 / 2 0 1 3</div>	
Mailing Address			
2400 Superior Avenue			
City	State	Zip Code	
Cleveland	OH	44114	
Purpose of Disbursement			
Medicaid Expansion Mailers		<div>Category/Type</div> <div>0 0 4</div>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Amount of Each Disbursement this Period

2 3 6 6 1 2

<b>B.</b>		Date of Disbursement	
United States Postal Service		<div>MM / DD / YYYY</div> <div>1 0 / 1 5 / 2 0 1 3</div>	
Mailing Address			
25 Stickney Terrace			
City	State	Zip Code	
Hampton	NH	03842	
Purpose of Disbursement			
Postage - Medicaid Expansion Mailers (Hampton Falls)		<div>Category/Type</div> <div>0 0 4</div>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Amount of Each Disbursement this Period

5 1 0 4

<b>C.</b>		Date of Disbursement	
United States Postal Service		<div>MM / DD / YYYY</div> <div>1 0 / 1 5 / 2 0 1 3</div>	
Mailing Address			
609 Portsmouth Ave			
City	State	Zip Code	
Greenland	NH	03840	
Purpose of Disbursement			
Postage - Medicaid Expansion Mailers (Greenland)		<div>Category/Type</div> <div>0 0 4</div>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Amount of Each Disbursement this Period

6 8 9 6

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

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



14031174573

MESIPAC  
Box 6676  
Wilmington, NH 03802-6676

MANCHESTER NH 030

30 JAN 2014 PM 11



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WASHINGTON, DC 20463

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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
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(8/2013)

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