

RECEIVED

2014 OCT 20 AM 9:57

FEC MAIL CENTER

Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 0 7 / 0 1 / 2 0 1 4 through 0 9 / 3 0 / 2 0 1 4

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 [Signature] Date 1 0 / 1 5 / 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 [Grid] 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:

MM / DD / YYYY  
07 / 01 / 2014

To:

MM / DD / YYYY  
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="233882"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="223763"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="29"/>	<input type="text" value="108"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="223792"/>	<input type="text" value="233990"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="223792"/>	<input type="text" value="233990"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	

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:

MM / DD / YYYY  
07 / 01 / 2014

To:

MM / DD / YYYY  
09 / 30 / 2014

**I. Receipts**

**COLUMN A**  
Total This Period

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

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

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

0 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.).....

2 9

1 0 8

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)).....▶

2 9

1 0 8

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2 9

1 0 8

**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 .....	5 1 3 4	1 5 3 3 2
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5 1 3 4	1 5 3 3 2
22. Transfers to Affiliated/Other Party Committees .....	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	5 0 0 8 1	5 0 0 8 1
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 .....	1 6 8 5 7 7	1 6 8 5 7 7
(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)) .....	1 6 8 5 7 7	1 6 8 5 7 7
29. Other Disbursements .....	0 0 0	0 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0 0 0	0 0 0
(ii) "Levin" Share .....	0 0 0	0 0 0
(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)) ..	2 2 3 7 9 2	2 3 3 9 9 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	2 2 3 7 9 2	2 3 3 9 9 0

NON-FEDERAL

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

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

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0 0 0	0 0 0
34. Total Contribution Refunds (from Line 28(d)) .....	1 6 8 5 7 7	1 6 8 5 7 7
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	- 1 6 8 5 7 7	- 1 6 8 5 7 7
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5 1 3 4	1 5 3 3 2
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0 0 0	0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5 1 3 4	1 5 3 3 2

FORM 1114 4

**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)

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

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**

**A.** Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address  
80 Daniel St.

City State Zip Code  
**Portsmouth NH 03801**

Purpose of Disbursement  
**Envelopes**  0  0  1

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
07 / 14 / 2014

Amount of Each Disbursement this Period  
3 1 0 0

**B.** Full Name (Last, First, Middle Initial)  
101domain, Inc.

Mailing Address  
5858 Edison Place

City State Zip Code  
**Carlsbad CA 92008**

Purpose of Disbursement  
**Domain Names - Web Site**  0  0  1

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 12 / 2014

Amount of Each Disbursement this Period  
2 0 3 4

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....▶ 5 1 3 4

**TOTAL** This Period (last page this line number only).....▶ 5 1 3 4

**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 1

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

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	
Carol Shea-Porter for Congress		MM / DD / YYYY 09 / 26 / 2014	
Mailing Address PO Box 453			
City	State	Zip Code	
Rochester	NH	03866	
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period	
Candidate Name Carol Shea-Porter		0 1 1	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		5 0 0 8 1	
State: NH District: 1			

<b>B.</b>		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type	
State: District:			

<b>C.</b>		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5 0 0 8 1
<b>TOTAL</b> This Period (last page this line number only).....▶	5 0 0 8 1

FROM THE 2010

**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 1					
	<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	<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. Matthew Hancock</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 2 Hayes Place			
City <b>Portsmouth</b>	State <b>NH</b>	Zip Code <b>03801</b>	
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1 6 8 5 7 7	
Candidate Name		Category/Type C 1 0	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<i>Non-Contribution Account</i>		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional).....▶	1 6 8 5 7 7
TOTAL This Period (last page this line number only).....▶	1 6 8 5 7 7

143001-1001-0000



MSH/PK  
A Box 6676  
Portsmouth, NH 03802

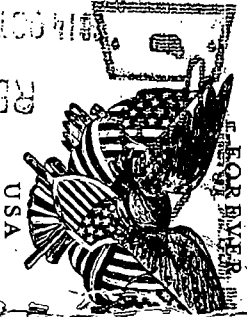
Federal Election Commission  
999 E Street, NW  
Washington DC, 20463

MANCHESTER NH 030  
15 OCT 2014 PM 2 L

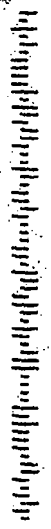
FEC MAIL CENTER

14 OCT 20 AM 9:57

RECEIVED



20463



14031 1411 4578

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 10/15/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

<i>CMR</i>	10/20/14
PREPARER	DATE PREPARED

143071411 SUNO