

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Forward Massachusetts

ADDRESS (number and street) ▼

1 Emerson Place 16C

☐ Check if different than previously reported. (ACC)

Boston

MA

02114

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00563981

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
09 30 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 Darryl Tattrie

Signature of Treasurer

Darryl Tattrie

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 15 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.

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

Forward Massachusetts

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	30407.15	
(c) Total Receipts (from Line 19)	120000.00	153255.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	150407.15	153255.00
7. Total Disbursements (from Line 31)	139737.59	142585.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10669.56	10669.56
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	



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

Forward Massachusetts

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 / 01 / 2014

To:

M M / D D / Y Y Y Y
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).....

120000.00

153250.00

(ii) Unitemized

0.00

5.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

120000.00

153255.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5) ▶

120000.00

153255.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

120000.00

153255.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

120000.00

153255.00

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	42270.93	45118.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	42270.93	45118.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	97466.66	97466.66
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	139737.59	142585.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	139737.59	142585.44

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)	120000.00	153255.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	120000.00	153255.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	42270.93	45118.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	42270.93	45118.78

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)
Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Eunice Panetta

Mailing Address 33 Harbor St

City	State	Zip Code
Manchester	MA	01944

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Private Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	4

Transaction ID : 11ai-000000012

Amount of Each Receipt this Period

10000.00

Earmarked through Democracy Engine

Full Name (Last, First, Middle Initial)

B. Thomas Israel

Mailing Address 12 E 49 St

City	State	Zip Code
New York	NY	10017

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

A C Israel Ent Inc

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	4

Transaction ID : 11ai-000000013

Amount of Each Receipt this Period

10000.00

Earmarked through Democracy Engine

Full Name (Last, First, Middle Initial)

C. Joshua Bekenstein

Mailing Address 52 High Rock Rd

City	State	Zip Code
Wayland	MA	01778

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Bain Capital

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	4

Transaction ID : 11ai-000000015

Amount of Each Receipt this Period

50000.00

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

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

70000.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Forward Massachusetts

A. Joshua Bekenstein Full Name (Last, First, Middle Initial) Mailing Address 52 High Rock Rd City Wayland State MA Zip Code 01778 FEC ID number of contributing federal political committee. C Name of Employer Bain Capital Occupation Investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 75000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2014 Transaction ID : 11ai-000000016 Amount of Each Receipt this Period 25000.00		
B. Amos B. Hostetter Jr. Full Name (Last, First, Middle Initial) Mailing Address 85 Mt Vernon St City Boston State MA Zip Code 02108 FEC ID number of contributing federal political committee. C Name of Employer Pilot House Associates, LLC Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 25000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2014 Transaction ID : 11ai-000000017 Amount of Each Receipt this Period 25000.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-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)..... ▶			50000.00		
TOTAL This Period (last page this line number only)..... ▶			120000.00		

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Democracy Engine

Mailing Address 850 Quincy St NW #402

City State Zip Code
 Washington DC 20011

FEC ID number of contributing
federal political committee.

C C00468314

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 02 2014

Transaction ID : 11c-000000009

Amount of Each Receipt this Period

10000.00

[MEMO ITEM]

Total earmarked through conduit; PAC limit not effected.

Full Name (Last, First, Middle Initial)

B. Democracy Engine

Mailing Address 850 Quincy St NW #402

City State Zip Code
 Washington DC 20011

FEC ID number of contributing
federal political committee.

C C00468314

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 06 2014

Transaction ID : 11c-000000014

Amount of Each Receipt this Period

20000.00

[MEMO ITEM]

Total earmarked through conduit; PAC limit not effected.

Full Name (Last, First, Middle Initial)

C.

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) ▼

Aggregate Year-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)..... ►

0.00

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Cambridge Innovations

Mailing Address 1 Broadway St

City Cambridge State MA Zip Code 02142

Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014
Transaction ID : 21b-03-00018-00018

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Emily Cherniack

Mailing Address 1 Emerson Pl Apt 16C

City Boston State MA Zip Code 02114

Purpose of Disbursement
Management Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014
Transaction ID : 21b-03-00019-00019

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. First Jackson Realty, LLC

Mailing Address 92 Jackson St

City Salem State MA Zip Code 01970-3068

Purpose of Disbursement
Office Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014
Transaction ID : 21b-03-00020-00020

Amount of Each Disbursement this Period

1000.00

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

2850.00

<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

NAME OF COMMITTEE (In Full)
Forward Massachusetts

A. Verizon

Mailing Address 745 Boylston St

City	State	Zip Code
Boston	MA	02118

Purpose of Disbursement	Telephone

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 21b-03-00032-00046

Amount of Each Disbursement this Period

47.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MBTA

Mailing Address 89 South St #801

City	State	Zip Code
Boston	MA	02111

Purpose of Disbursement
Train Fare

Candidate Name

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) ▼		

Date of Disbursement

Transaction ID : 21b-03-00032-00047

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	13.5
25-34	12.5
35-44	11.5
45-54	10.5
55-64	9.5
65-74	8.5
75-84	7.5
85+	1.5

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address 745 Boylston St

City	State	Zip Code
Boston	MA	02118

Purpose of Disbursement	Telephone

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 21b-03-00032-00048

Amount of Each Disbursement this Period

Response	Percentage
U.S. should take more action to reduce global warming	37.19%

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. MBTA

Mailing Address 89 South St #801

City Boston State MA Zip Code 02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : 21b-03-00032-00049

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Gogo Air

Mailing Address 1250 N Arlington Heights Rd Ste 50

City Itasca State IL Zip Code 60143

Purpose of Disbursement
Internet Access

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : 21b-03-00032-00050

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Gogo Air

Mailing Address 1250 N Arlington Heights Rd Ste 50

City Itasca State IL Zip Code 60143

Purpose of Disbursement
Internet Access

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : 21b-03-00032-00051

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

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

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

0.00

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Gogo Air

Mailing Address 1250 N Arlington Heights Rd Ste 50

City State Zip Code
 Itasca IL 60143

Purpose of Disbursement
 Internet Access

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 07 30 2014

Transaction ID : 21b-03-00032-00045

Amount of Each Disbursement this Period

20.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Nationbuilder

Mailing Address 448 S Hill St Ste 200

City State Zip Code
 Los Angeles CA 90013

Purpose of Disbursement
 Database Software Subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 07 30 2014

Transaction ID : 21b-03-00032-00053

Amount of Each Disbursement this Period

107.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Uber

Mailing Address 1455 Market St

City State Zip Code
 San Francisco CA 94103

Purpose of Disbursement
 Taxi Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 07 30 2014

Transaction ID : 21b-03-00032-00041

Amount of Each Disbursement this Period

5.77

[MEMO ITEM]

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

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

0.00

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. MBTA

Mailing Address 89 South St #801

City State Zip Code
 Boston MA 02111

Purpose of Disbursement
 Train Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
 07 30 2014

Transaction ID : 21b-03-00032-00056

Amount of Each Disbursement this Period

13.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Uber

Mailing Address 1455 Market St

City State Zip Code
 San Francisco CA 94103

Purpose of Disbursement
 Taxi Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
 07 30 2014

Transaction ID : 21b-03-00032-00042

Amount of Each Disbursement this Period

6.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MBTA

Mailing Address 89 South St #801

City State Zip Code
 Boston MA 02111

Purpose of Disbursement
 Train Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
 07 30 2014

Transaction ID : 21b-03-00032-00060

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. MBTA

Mailing Address 89 South St #801

City Boston State MA Zip Code 02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 30 2014
Transaction ID : 21b-03-00032-00040

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 647 Boylston St

City Boston State MA Zip Code 02118

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 30 2014
Transaction ID : 21b-03-00032-00039

Amount of Each Disbursement this Period

145.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MBTA

Mailing Address 89 South St #801

City Boston State MA Zip Code 02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 30 2014
Transaction ID : 21b-03-00032-00038

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<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

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 2 South Station

City	State	Zip Code
Boston	MA	02118

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 21b-03-00032-00033

Amount of Each Disbursement this Period

274.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MBTA

Mailing Address 89 South St #801

City	State	Zip Code
Boston	MA	02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 21b-03-00032-00043

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 647 Boylston St

City	State	Zip Code
Boston	MA	02118

Purpose of Disbursement
Telephone

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 21b-03-00032-00058

Amount of Each Disbursement this Period

152.05

[MEMO ITEM]

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

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

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 2 South Station

City Boston State MA Zip Code 02118

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : 21b-03-00032-00059

Amount of Each Disbursement this Period

146.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Nationbuilder

Mailing Address 448 S Hill St Ste 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement
Database Software Subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : 21b-03-00032-00057

Amount of Each Disbursement this Period

82.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MBTA

Mailing Address 89 South St #801

City Boston State MA Zip Code 02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : 21b-03-00032-00061

Amount of Each Disbursement this Period

7.00

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. First Jackson Realty, LLC

Mailing Address 92 Jackson St

City Salem State MA Zip Code 01970-3068

Purpose of Disbursement
Office Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2014
Transaction ID : 21b-03-00037-00066

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Democracy Engine Inc.

Mailing Address 850 Quincy St, NW #402

City Washington State DC Zip Code 20011

Purpose of Disbursement
Merchant Fee

Candidate Name

Democracy Engine Inc.
Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2014
Transaction ID : 21b-03-00024-00025

Amount of Each Disbursement this Period

750.40

Full Name (Last, First, Middle Initial)

C. Sean Donnelly

Mailing Address 1 Silver Leaf Way #123

City Peabody State MA Zip Code 01960

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2014
Transaction ID : 21b-03-00039-00068

Amount of Each Disbursement this Period

2000.00

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

3750.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Emily Cherniack

Mailing Address 1 Emerson Pl Apt 16C

City Boston State MA Zip Code 02114

Purpose of Disbursement
Reimbursed Expenses-See Memos

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 21b-03-00061-0000

Amount of Each Disbursement this Period

2947.20

Full Name (Last, First, Middle Initial)

B. Charles River Park

Mailing Address 4 Emerson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Parking Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 21b-03-00061-00093

Amount of Each Disbursement this Period

48.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 21b-03-00061-00101

Amount of Each Disbursement this Period

31.22

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2947.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 21b-03-00061-00090

Amount of Each Disbursement this Period

57.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 21b-03-00061-00091

Amount of Each Disbursement this Period

66.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address 745 Boylston St

City Boston State MA Zip Code 02118

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 21b-03-00061-00092

Amount of Each Disbursement this Period

47.81

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 21b-03-00061-00094

Amount of Each Disbursement this Period

62.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MBTA

Mailing Address 89 South St #801

City Boston State MA Zip Code 02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 21b-03-00061-00096

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MBTA

Mailing Address 89 South St #801

City Boston State MA Zip Code 02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 21b-03-00061-00098

Amount of Each Disbursement this Period

7.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Zipcar

Mailing Address 35 Thomson Pl

City State Zip Code
 Boston MA 02210

Purpose of Disbursement
 Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
 08 14 2014

Transaction ID : 21b-03-00061-00100

Amount of Each Disbursement this Period

93.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Organizer

Mailing Address 1118 Howard St

City State Zip Code
 San Francisco CA 94103

Purpose of Disbursement
 Software Subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
 08 14 2014

Transaction ID : 21b-03-00061-00102

Amount of Each Disbursement this Period

2020.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Organizer

Mailing Address 1118 Howard St

City State Zip Code
 San Francisco CA 94103

Purpose of Disbursement
 Software Subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
 08 14 2014

Transaction ID : 21b-03-00061-00103

Amount of Each Disbursement this Period

290.00

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<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

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Walmart

Mailing Address 450 Highland Ave

City Salem	State MA	Zip Code 01970
---------------	-------------	-------------------

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2014

Transaction ID : 21b-03-00061-00097

Amount of Each Disbursement this Period

10.78

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Naumkeag Ordinary

Mailing Address 118 Washington St

City Salem	State MA	Zip Code 01970
---------------	-------------	-------------------

Purpose of Disbursement
Meeting Meal Expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2014

Transaction ID : 21b-03-00061-00099

Amount of Each Disbursement this Period

33.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Zipcar

Mailing Address 35 Thomson Pl

City Boston	State MA	Zip Code 02210
----------------	-------------	-------------------

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2014

Transaction ID : 21b-03-00061-00095

Amount of Each Disbursement this Period

108.38

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

<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

NAME OF COMMITTEE (In Full)
Forward Massachusetts

A. Michael Bonbon

Category/
Type

585.00

State: District:

B. Dina Bonbon

Three digital displays showing the date 08/15/2014 in MM/DD/YYYY format. The first display shows '08' with 'M' labels above. The second shows '15' with 'D' labels above. The third shows '2014' with 'Y' labels above.

Category/
Type

364.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. Sean Donnelly

Category/
Type

1500.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

2449.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Gardy Jean-Francois

Mailing Address 71 Michigan Ave # 2

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014
Transaction ID : 21b-03-00043-00072

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian Jean-Francois

Mailing Address 71 Michigan Ave #2

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014
Transaction ID : 21b-03-00170-00257

Amount of Each Disbursement this Period

546.00

Full Name (Last, First, Middle Initial)

C. Gardy Jean-Francois

Mailing Address 71 Michigan Ave # 2

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014
Transaction ID : 21b-03-00171-00258

Amount of Each Disbursement this Period

1000.00

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

2546.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Travis Thurman

Mailing Address 60 Aspen Rd

City	State	Zip Code
Swampscott	MA	01907

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : 21b-03-00172-00259

Amount of Each Disbursement this Period

546.00

Full Name (Last, First, Middle Initial)

B. Sean Donnelly

Mailing Address 1 Silver Leaf Way #123

City	State	Zip Code
Peabody	MA	01960

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : 21b-03-00102-00144

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Emily Cherniack

Mailing Address 1 Emerson Pl Apt 16C

City	State	Zip Code
Boston	MA	02114

Purpose of Disbursement
Management Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : 21b-03-00103-00145

Amount of Each Disbursement this Period

2000.00

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

4046.00

--

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Emily Cherniack

Mailing Address 1 Emerson Pl Apt 16C

City Boston State MA Zip Code 02114

Purpose of Disbursement
Reimbursed Expenses-See Memos

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 29 / 2014

Transaction ID : 21b-03-00104-0000

Amount of Each Disbursement this Period

1932.61

Full Name (Last, First, Middle Initial)

B. MBTA

Mailing Address 89 South St #801

City Boston State MA Zip Code 02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 29 / 2014

Transaction ID : 21b-03-00104-00153

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Accurate Append

Mailing Address 1511 3rd Ave Ste 621

City Seattle State WA Zip Code 98101

Purpose of Disbursement
Data Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 29 / 2014

Transaction ID : 21b-03-00104-00157

Amount of Each Disbursement this Period

815.80

[MEMO ITEM]

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

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

1932.61

<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

NAME OF COMMITTEE (In Full)
Forward Massachusetts

A. Accurate Append

Mailing Address 1511 3rd Ave Ste 621

City	State	Zip Code
Seattle	WA	98101

Purpose of Disbursement Data Processing

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 21b-03-00104-00156

Amount of Each Disbursement this Period

135.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MBTA

Mailing Address 89 South St #801

City	State	Zip Code
Boston	MA	02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : 21b-03-00104-00154

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Zipcar

Mailing Address 35 Thomson Pl

City	State	Zip Code
Boston	MA	02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
08 29 2014

Transaction ID : 21b-03-00104-00152

Amount of Each Disbursement this Period

31.22

[MEMO ITEM]

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

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

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 29 / 2014

Transaction ID : 21b-03-00104-00151

Amount of Each Disbursement this Period

23.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 29 / 2014

Transaction ID : 21b-03-00104-00150

Amount of Each Disbursement this Period

108.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 29 / 2014

Transaction ID : 21b-03-00104-00149

Amount of Each Disbursement this Period

94.56

[MEMO ITEM]

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

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

0.00

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 647 Boylston St

City Boston State MA Zip Code 02118

Purpose of Disbursement
Internet Access

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 29 2014

Transaction ID : 21b-03-00104-00148

Amount of Each Disbursement this Period

563.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Adobe

Mailing Address 345 Park Ave

City San Jose State CA Zip Code 95110

Purpose of Disbursement
Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 29 2014

Transaction ID : 21b-03-00104-00146

Amount of Each Disbursement this Period

10.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MBTA

Mailing Address 89 South St #801

City Boston State MA Zip Code 02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 29 2014

Transaction ID : 21b-03-00104-00155

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Cambridge Innovations

Mailing Address 1 Broadway St

City	State	Zip Code
Cambridge	MA	02142

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 21b-03-00165-00252

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. Public Policy Polling

Mailing Address 2912 Highwoods Blvd STE 201

City	State	Zip Code
Raleigh	NC	27604

Purpose of Disbursement
Poll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary
	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : 21b-03-00109-00161

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Emily Cherniack

Mailing Address 1 Emerson Pl Apt 16C

City	State	Zip Code
Boston	MA	02114

Purpose of Disbursement
Management Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	
	<input type="checkbox"/> Primary
	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : 21b-03-00164-00251

Amount of Each Disbursement this Period

3000.00

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

5350.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Sean Donnelly

Mailing Address 1 Silver Leaf Way #123

City	State	Zip Code
Peabody	MA	01960

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 21b-03-00153-00205

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CommonCentsConsulting, LLC

Mailing Address 2910 E Gary Way

City	State	Zip Code
Phoenix	AZ	85042

Purpose of Disbursement
Compliance and Accounting Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 21b-03-00160-00212

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, P.C.

Mailing Address 1025 Vermont Ave NW STE 300

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 21b-03-00117-00169

Amount of Each Disbursement this Period

1600.00

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

6600.00

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<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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Adobe

Mailing Address 345 Park Ave

City San Jose State CA Zip Code 95110

Purpose of Disbursement
Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2014
Transaction ID : 21b-03-00161-00236

Amount of Each Disbursement this Period

10.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Sunoco

Mailing Address 254-258 Broadway

City Somerville State MA Zip Code 02145

Purpose of Disbursement
Auto Fuel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2014
Transaction ID : 21b-03-00161-00237

Amount of Each Disbursement this Period

56.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Full Color Signs and Graphics

Mailing Address 26 Joyce St

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2014
Transaction ID : 21b-03-00161-00233

Amount of Each Disbursement this Period

155.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Citgo

Mailing Address 219 Paradise Rd

City State Zip Code
Swampscott MA 01907
Purpose of Disbursement
Auto Fuel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 21 2014
Transaction ID : 21b-03-00161-00238

Amount of Each Disbursement this Period

51.78

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Uber

Mailing Address 1455 Market St

City State Zip Code
San Francisco CA 94103
Purpose of Disbursement
Taxi Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 21 2014
Transaction ID : 21b-03-00161-00232

Amount of Each Disbursement this Period

17.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Uber

Mailing Address 1455 Market St

City State Zip Code
San Francisco CA 94103
Purpose of Disbursement
Taxi Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 21 2014
Transaction ID : 21b-03-00161-00230

Amount of Each Disbursement this Period

9.28

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Uber

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Taxi Fare

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2014

Transaction ID : 21b-03-00161-00229

Amount of Each Disbursement this Period

31.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Uber

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Taxi Fare

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2014

Transaction ID : 21b-03-00161-00228

Amount of Each Disbursement this Period

14.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Zipcar

Mailing Address 35 Thomson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2014

Transaction ID : 21b-03-00161-00226

Amount of Each Disbursement this Period

7.25

[MEMO ITEM]

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

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

0.00

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)

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Zipcar

Mailing Address 35 Thomson Pl

City State Zip Code
 Boston MA 02210

Purpose of Disbursement
 Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
 09 21 2014

Transaction ID : 21b-03-00161-00225

Amount of Each Disbursement this Period

69.06

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Richdale Food Shop

Mailing Address 229 Broadway

City State Zip Code
 Lynn MA 01904

Purpose of Disbursement
 Meeting Meal Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
 09 21 2014

Transaction ID : 21b-03-00161-00217

Amount of Each Disbursement this Period

5.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address 745 Boylston St

City State Zip Code
 Boston MA 02118

Purpose of Disbursement
 Telephone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
 09 21 2014

Transaction ID : 21b-03-00161-00248

Amount of Each Disbursement this Period

47.81

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Zipcar

Mailing Address 35 Thomson Pl

City	State	Zip Code
Boston	MA	02210

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2014

Transaction ID : 21b-03-00161-00227

Amount of Each Disbursement this Period

40.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Wendy's

Mailing Address 116 Boston St

City	State	Zip Code
Lynn	MA	01902

Purpose of Disbursement
Meeting Meal Expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2014

Transaction ID : 21b-03-00161-00249

Amount of Each Disbursement this Period

13.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 647 Boylston St

City	State	Zip Code
Boston	MA	02118

Purpose of Disbursement
Internet Access

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2014

Transaction ID : 21b-03-00161-00224

Amount of Each Disbursement this Period

231.96

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Apple Store

Mailing Address 100 Cambridge Side Place #202

City Cambridge State MA Zip Code 02141

Purpose of Disbursement
Office Equipment - Charger

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 21 / 2014
Transaction ID : 21b-03-00161-00223

Amount of Each Disbursement this Period

30.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Apple Store

Mailing Address 100 Cambridge Side Place #202

City Cambridge State MA Zip Code 02141

Purpose of Disbursement
Office Equipment - Chargers, Headphones

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 21 / 2014
Transaction ID : 21b-03-00161-00222

Amount of Each Disbursement this Period

61.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. G/J Towing & Recovery

Mailing Address 22 Whitin Ave

City Revere State MA Zip Code 02151

Purpose of Disbursement
Towing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 21 / 2014
Transaction ID : 21b-03-00161-00221

Amount of Each Disbursement this Period

65.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Charles River Park

Mailing Address 4 Emerson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Parking Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2014
Transaction ID : 21b-03-00161-00220

Amount of Each Disbursement this Period

12.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Charles River Park

Mailing Address 4 Emerson Pl

City Boston State MA Zip Code 02210

Purpose of Disbursement
Parking Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2014
Transaction ID : 21b-03-00161-00219

Amount of Each Disbursement this Period

365.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 49 Elmwood Rd

City Swampscott State MA Zip Code 01907

Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2014
Transaction ID : 21b-03-00161-00218

Amount of Each Disbursement this Period

102.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Richdale Food Shop

Mailing Address 229 Broadway

City Lynn State MA Zip Code 01904

Purpose of Disbursement
Meeting Meal Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2014

Transaction ID : 21b-03-00161-00216

Amount of Each Disbursement this Period

16.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Dunkin Donuts

Mailing Address 116 Lewis St

City Lynn State MA Zip Code 01902

Purpose of Disbursement
Meeting Meal Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2014

Transaction ID : 21b-03-00161-00215

Amount of Each Disbursement this Period

29.65

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Yellow Cab Company of DC Inc

Mailing Address 1636 Bladensburg Rd NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2014

Transaction ID : 21b-03-00161-00250

Amount of Each Disbursement this Period

27.00

[MEMO ITEM]

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

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

0.00

<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

NAME OF COMMITTEE (In Full)
Forward Massachusetts

A. Captain Pizza

Mailing Address 3 Railroad Ave

City	State	Zip Code
Swampscott	MA	01907

Purpose of Disbursement Meeting Meal Expenses

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 21b-03-00161-00239

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Spiros

Mailing Address 161 Chestnut St

City	State	Zip Code
Lynn	MA	01902

Purpose of Disbursement	Auto Fuel
-------------------------	-----------

Candidate Name _____

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) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : 21b-03-00161-00247

Amount of Each Disbursement this Period

46.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Siroc Restaurant

Mailing Address 915 15th St NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement	Meeting Meal Expenses

Candidate Name

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) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
09 21 2014

Transaction ID : 21b-03-00161-00246

Amount of Each Disbursement this Period

39.89

[MEMO ITEM]

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Nationbuilder

Mailing Address 448 S Hill St Ste 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement
Database Software Subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2014
Transaction ID : 21b-03-00161-00245

Amount of Each Disbursement this Period

107.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Nationbuilder

Mailing Address 448 S Hill St Ste 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement
Database Software Subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2014
Transaction ID : 21b-03-00161-00244

Amount of Each Disbursement this Period

107.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MBTA

Mailing Address 89 South St #801

City Boston State MA Zip Code 02111

Purpose of Disbursement
Train Fare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2014
Transaction ID : 21b-03-00161-00243

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

<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

NAME OF COMMITTEE (In Full)
Forward Massachusetts

A. Kramerbooks

Mailing Address 1517 Connecticut Ave NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement	
Meeting Meal Expenses	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 21b-03-00161-00242

Amount of Each Disbursement this Period

74.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Foodler

Mailing Address 31 St James Ave

City	State	Zip Code
Boston	MA	02116

Purpose of Disbursement	
Meeting Meal Expenses	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : 21b-03-00161-00241

Amount of Each Disbursement this Period

20.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Charles River Park

Mailing Address 4 Emerson Pl

City	State	Zip Code
Boston	MA	02210

Purpose of Disbursement
Parking Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
09 21 2014

Transaction ID : 21b-03-00161-00240

Amount of Each Disbursement this Period

48.00

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Forward Massachusetts

Full Name (Last, First, Middle Initial)

A. Liberty Hotel

Mailing Address 215 Charles St

City Boston State MA Zip Code 02114

Purpose of Disbursement
Meeting Meal Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 21 2014
Transaction ID : 21b-03-00161-00213

Amount of Each Disbursement this Period

48.66

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

0.00

41864.21

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 49 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Chelsea Gothie			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 5 Lincoln St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">448.50</div>		
City Manchester By The		State MA	Zip Code 01944		Transaction ID : 24-03-00029-00030 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 16 / 2014</div>
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>			
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">448.50</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Kristin Roderick			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 68 Salem St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">156.00</div>		
City Salem		State MA	Zip Code 01970		Transaction ID : 24-03-00030-00031 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 16 / 2014</div>
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>			
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">604.50</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">604.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Darryl Tattrie</i>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Kate Jordan			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 92 Jackson St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">312.00</div>		
City Salem		State MA	Zip Code 02140		Transaction ID : 24-03-00031-00032
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 16 / 2014</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">916.50</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shirley Ortiz			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 64 Rand St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">370.50</div>		
City Revere		State MA	Zip Code 02151		Transaction ID : 24-03-00034-00063
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 04 / 2014</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1287.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">682.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="text-align: right;">Darryl Tattrie</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div> <div style="text-align: center;">[Electronically Filed]</div>		

Full Name of Payee Yasneiry Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 83 Congress St		Amount 364.00	
City Salem	State MA	Zip Code 01970	Transaction ID : 24-03-00036-00065
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Seth Moulton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought	2093.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	806.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

10 / 15 / 2014

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 52 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Chelsea Gothie			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 5 Lincoln St			Amount 253.50		
City Manchester By The	State MA	Zip Code 01944	Transaction ID : 24-03-00038-00067		
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 06 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought		2346.50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kate Jordan			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 92 Jackson St			Amount 300.12		
City Salem	State MA	Zip Code 02140	Transaction ID : 24-03-00040-00069		
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 08 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought		2646.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			553.62		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 53 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Method Strategies, LLC <small>This expenditure was not made in cooperation, consultation or</small>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 233 5th Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5409.00</div>	
City Venice	State CA	Zip Code 90291	Transaction ID : 24-03-00026-00027 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 13 / 2014</div>
Purpose of Expenditure Campaign Palm Card		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Name of Federal Candidate Seth Moulton		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">President Senate State: MA</div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8055.62</div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Full Name of Payee Raiza Bautista		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 71 Michigan Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">156.00</div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00053-00082 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 15 / 2014</div>
Purpose of Expenditure Payroll		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Name of Federal Candidate Seth Moulton		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">President Senate State: MA</div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8211.62</div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5565.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 54 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jake Robert			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 60 Gregory St			Amount 351.00		
City Marblehead		State MA	Zip Code 01945		Transaction ID : 24-03-00054-00083
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 15 / 2014		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought 8562.62			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michelle Mendez			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 27 Phillips Ave Apt 2			Amount 533.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00055-00084
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 15 / 2014		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought 9095.62			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			884.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014		
			[Electronically Filed]		

Full Name of Payee Natasha Davila		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 71 Michigan Ave # 1		Amount 416.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00058-00087
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 15 / 2014	
Name of Federal Candidate Seth Moulton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought	9979.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	884.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Darryl Tattrie

Signature

[Electronically Filed]

Date  /  / 

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Jessica Holm-Sanchez			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 169 Fayette St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">208.00</div>		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00059-00088 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 08 / 15 / 2014		
Purpose of Expenditure Payroll		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10187.62</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jasmin West			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address PO Box 1523			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">117.00</div>		
City Amherst	State NH	Zip Code 03031	Transaction ID : 24-03-00060-00089 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 08 / 15 / 2014		
Purpose of Expenditure Payroll		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10304.62</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">325.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattre			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 15 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 57 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts	FEC IDENTIFICATION NUMBER ▼ C C00563981
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Edwin Soto			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 25 South St Apt 309			Amount 325.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00064-00106	
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation 08 / 15 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		10629.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Emily Perez			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 9 Henry Ave #2			Amount 260.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00065-00107	
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation 08 / 15 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		10889.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	585.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

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Date

10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 58 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts	FEC IDENTIFICATION NUMBER ▼ C C00563981
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Genesis Guerrero			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 47 Collins St Apt 3			Amount 260.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00066-00108	
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation 08 / 15 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		11149.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Maciel Gonzalez			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 47 Collins St #3			Amount 208.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00067-00109	
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation 08 / 15 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		11357.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	468.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

[Electronically Filed]

Signature

Date

10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00563981 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee Ashley Menard		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 54 Webster St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">260.00</div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00068-00110 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">08 / 15 / 2014</div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11617.62</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Chelsea Gothie		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 5 Lincoln St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">442.00</div>	
City Manchester By The	State MA	Zip Code 01944	Transaction ID : 24-03-00069-00111 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">08 / 15 / 2014</div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">12059.62</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">702.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>					
Full Name of Payee Michael Bonbon			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div>		
Mailing Address 16 Shillaber St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">130.00</div>		
City Peabody	State MA	Zip Code 01960	Transaction ID : 24-03-00042-00071 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div>		
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	<div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">08</div> / <div style="border: 1px solid black; padding: 2px;">15</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div>		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">12189.62</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Brian Jean-Francois			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div>		
Mailing Address 71 Michigan Ave #2			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">507.00</div>		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00044-00073 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div>		
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	<div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">08</div> / <div style="border: 1px solid black; padding: 2px;">15</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div>		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">12696.62</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">637.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ <div style="text-align: right;">Darryl Tattrie</div>			Date <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">10</div> / <div style="border: 1px solid black; padding: 2px;">15</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 61 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Kendrick Jean-Francois			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 71 Michigan Ave #2			Amount 416.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00045-00074	
Purpose of Expenditure Payroll		Category/Type 	Date of Disbursement or Obligation 08 / 15 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		13112.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Charlene Fernandez			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 2 Adams St			Amount 481.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00052-00081	
Purpose of Expenditure Payroll		Category/Type 	Date of Disbursement or Obligation 08 / 18 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		13593.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			897.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Darryl Tattrie</i>		[Electronically Filed] Date 10 / 15 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 62 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Yasneiry Rodriguez			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 83 Congress St			Amount 78.00	
City Salem	State MA	Zip Code 01970	Transaction ID : 24-03-00063-00105	
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		13671.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Augustina Matos			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 27 Phillips Ave Apt 2			Amount 481.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00046-00075	
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 18 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		14152.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			559.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			 	
(c) TOTAL Independent Expenditures.....▶			 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Darryl Tattrie		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 63 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Erick Ubri			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 47 Burril Ave #1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">208.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00047-00076
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 18 / 2014</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14360.62</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Travis Thurman			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 60 Aspen Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">325.00</div>		
City Swampscott		State MA	Zip Code 01907		Transaction ID : 24-03-00048-00077
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 18 / 2014</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14685.62</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">533.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Darryl Tattrie</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 64 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Laiza Espinal			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 14 Trinity Ave			Amount 260.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00049-00078
Purpose of Expenditure Payroll		Category/Type 		Date of Disbursement or Obligation 08 / 18 / 2014	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 14945.62			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ 		
Full Name of Payee Emely Benzan			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 10 Timson St # 2			Amount 429.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00050-00079
Purpose of Expenditure Payroll		Category/Type 		Date of Disbursement or Obligation 08 / 18 / 2014	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 15374.62			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ 		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			689.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶			 		
(c) TOTAL Independent Expenditures.....▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date 10 / 15 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 65 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Angelyz Benzan		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 10 Timson St # 2		Amount 429.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00051-00080
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		15803.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Kate Jordan		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 92 Jackson St		Amount 330.38	
City Salem	State MA	Zip Code 02140	Transaction ID : 24-03-00106-00158
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 20 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		16134.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		759.38	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 66 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Progressive Contacts			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 4 Barton Ave			Amount 6222.45		
City Fort Edward		State NY	Zip Code 12828		Transaction ID : 24-03-00070-00112 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 26 / 2014
Purpose of Expenditure Live Paid Phones		Category/ Type 			
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought 22356.45			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jake Robert			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 60 Gregory St			Amount 494.00		
City Marblehead		State MA	Zip Code 01945		Transaction ID : 24-03-00071-00113 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 29 / 2014
Purpose of Expenditure Payroll		Category/ Type 			
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought 22850.45			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6716.45		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 106
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00563981 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee Charlene Fernandez			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 2 Adams St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">325.00</div>		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00072-00114 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">23175.45</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Angel Gonzalez			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 71 Michigan Ave # 1			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">455.00</div>		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00073-00115 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">23630.45</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">780.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

[Electronically Filed]

Date

M M

D D

Y Y Y Y Y Y

10

15

2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 68 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Benita Meli			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 18 Bond St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">481.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00074-00116
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 29 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24111.45</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michelle Mendez			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 27 Phillips Ave Apt 2			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">468.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00075-00117
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 29 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24579.45</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">949.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 69 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Augustina Matos		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 27 Phillips Ave Apt 2		Amount 416.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00076-00118
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		24995.45	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Edwin Soto		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 25 South St Apt 309		Amount 351.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00077-00119
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		25346.45	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		767.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Darryl Tattrie</i>		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

Full Name of Payee Erick Ubrri		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 47 Burril Ave #1		Amount 390.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00079-00121
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014	
Name of Federal Candidate Seth Moulton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought	26243.45	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	897.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Angelyz Benzan		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 10 Timson St # 2		Amount 416.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00080-00122
Purpose of Expenditure Payroll		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Emely Benzan		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 10 Timson St # 2		Amount 455.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00081-00123
Purpose of Expenditure Payroll		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	871.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 72 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Maciel Gonzalez			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 47 Collins St #3			Amount 442.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00082-00124
Purpose of Expenditure Payroll		Category/Type 		Date of Disbursement or Obligation 08 / 29 / 2014	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 27556.45			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Genesis Guerrero			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 47 Collins St Apt 3			Amount 390.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00083-00125
Purpose of Expenditure Payroll		Category/Type 		Date of Disbursement or Obligation 08 / 29 / 2014	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 27946.45			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			832.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶			 		
(c) TOTAL Independent Expenditures.....▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date 10 / 15 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 73 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Jessica Holm-Sanchez			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 169 Fayette St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">260.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00084-00126
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 29 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">28206.45</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ashley Menard			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 54 Webster St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">247.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00085-00127
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 29 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">28453.45</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">507.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 74 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Laiza Espinal			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 14 Trinity Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">299.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00086-00128
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 29 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28752.45</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Natasha Davila			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 71 Michigan Ave # 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">299.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00087-00129
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 29 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29051.45</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">598.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> <i>Darryl Tattrie</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div></div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 75 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Emily Perez			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 9 Henry Ave #2			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">455.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00088-00130
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 29 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29506.45</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Daniel Hennessey			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 9 Lauren Ln			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">260.00</div>		
City Burlington		State MA	Zip Code 01803		Transaction ID : 24-03-00089-00131
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 29 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29766.45</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">715.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="text-align: right;">Darryl Tattrie</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>		
[Electronically Filed]					

Full Name of Payee Samnang Keo		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 98 Hanover St		Amount 169.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00091-00133
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014	
Name of Federal Candidate Seth Moulton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought	30286.45	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		520.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 77 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tonia Wonde		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 8 Summerset CT		Amount 260.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00092-00134
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		30546.45	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Dahiana M Delarosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 19 Union St Apt 116		Amount 325.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00093-00135
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		30871.45	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		585.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Darryl Tattrie		[Electronically Filed]	
Signature		Date 10 / 15 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 78 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Cheyrithy Chea			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 11 Williams St # 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">273.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00094-00136
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 29 / 2014</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">House Senate State: MA</div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">31144.45</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chelsea Gothie			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 5 Lincoln St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">344.50</div>		
City Manchester By The		State MA	Zip Code 01944		Transaction ID : 24-03-00095-00137
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 29 / 2014</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">House Senate State: MA</div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">31488.95</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">617.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="text-align: right;">Darryl Tattrie</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 79 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Kate Jordan			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 92 Jackson St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">234.00</div>		
City Salem		State MA	Zip Code 02140		Transaction ID : 24-03-00096-00138 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">President Senate State: MA</div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shirley Ortiz			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 64 Rand St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">312.00</div>		
City Revere		State MA	Zip Code 02151		Transaction ID : 24-03-00097-00139 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">President Senate State: MA</div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">546.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
			[Electronically Filed]		

Full Name of Payee Dina Bonbon		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 16 Shillaber St		Amount 728.00	
City Peabody	State MA	Zip Code 01960	Transaction ID : 24-03-00099-00141
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014	
Name of Federal Candidate Seth Moulton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought	33490.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1456.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

10 / 15 / 2014

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 81 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Kanchana Chum		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 29 South St #2		Amount 117.00	
City Lynn	State MA	Zip Code 01905	Transaction ID : 24-03-00100-00142
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lida Kun		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 5 Stephen St		Amount 78.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00101-00143
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		195.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Darryl Tattrie</i>		Date MM / DD / YYYY 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MEK Design LLC		Date of Public Distribution/Dissemination MM / DD / YYYY
This expenditure was not made in cooperation, consultation or		Amount 3250.00
Mailing Address 1130 SW MORRISON St #330		Transaction ID : 24-03-00105-00147
City Portland	State OR	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2014
Zip Code 97204	Category/Type	
Purpose of Expenditure Palm Card Production and Printing		
Name of Federal Candidate Seth Moulton		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		36935.95

Full Name of Payee Laiza Espinal		Date of Public Distribution/Dissemination MM / DD / YYYY
Originally Written to Laiza Perez in Error 8/29/14		Amount -299.00
Mailing Address 14 Trinity Ave		Transaction ID : 24-03-00112-00164
City Lynn	State MA	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Zip Code 01902	Category/Type	
Purpose of Expenditure Payroll - Voided and Reissued for correct amount on 9/4/14		
Name of Federal Candidate Seth Moulton		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		36636.95

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2951.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

Full Name of Payee Laiza Espinal		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> </div>	
Replacement payment originally written for \$299 with misspelled name Mailing Address 14 Trinity Ave		Amount <div> <div>403.00</div> </div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00111-00163 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>45807.80</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	9170.85
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

10 / 15 / 2014

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Method Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 233 5th Ave		Amount 21343.95	
City Venice	State CA	Zip Code 90291	Transaction ID : 24-03-00110-00162
Purpose of Expenditure Direct Mail & Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate John F. Tierney	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought	67151.75	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23873.97
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00563981 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Augustus Strategies Inc		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 2345 S Alma School Rd Ste 206		Amount <div style="border: 1px solid black; padding: 2px;"> 6630.70 </div>	
City Mesa	State AZ	Zip Code 85210	Transaction ID : 24-03-00115-00167 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 06 / 2014 </div>
Purpose of Expenditure Live GOTV Calls		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 76312.47 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Augustus Strategies Inc		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 2345 S Alma School Rd Ste 206		Amount <div style="border: 1px solid black; padding: 2px;"> 8958.55 </div>	
City Mesa	State AZ	Zip Code 85210	Transaction ID : 24-03-00116-00168 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 09 / 2014 </div>
Purpose of Expenditure Live GOTV Calls		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 85271.02 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 15589.25 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 15589.25 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 86 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Fantasia Means			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 6 Herbert St #3			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">39.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00141-00193
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">President Senate State: MA</div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">85310.02</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Myrmarie Ramirez			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 15 Veteran's Memorial Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">390.00</div>		
City Peabody		State MA	Zip Code 01960		Transaction ID : 24-03-00142-00194
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">President Senate State: MA</div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">85700.02</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">429.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Darryl Tattrie</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 87 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Raynel Mazara			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 15 Canterbury Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">52.00</div>		
City Lynn		State MA	Zip Code 01905		Transaction ID : 24-03-00143-00195 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 12 / 2014</div>
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>			
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">President Senate State: MA</div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">85752.02</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Yina Payano			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 2 Adams St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">156.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00144-00196 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 12 / 2014</div>
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>			
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">President Senate State: MA</div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">85908.02</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">208.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Darryl Tattrie</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 15 / 2014</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 88 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Darlene Gonzalez			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 14 Oakwood Pl			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">312.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00145-00197
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">House Senate District: 06 State: MA</div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Adam Lan			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 16 Farragut Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">52.00</div>		
City Swampscott		State MA	Zip Code 01907		Transaction ID : 24-03-00146-00198
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">House Senate District: 06 State: MA</div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">364.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattre			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>					
Full Name of Payee Jenniffer Miranda			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div>		
Mailing Address 111 Chestnut St Apt # 1			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.00</div>		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00147-00199 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div>		
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	<div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div>		
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">86389.02</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Karen Guerrero			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div>		
Mailing Address 108 Franklyn St Apt 13			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.00</div>		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00148-00200 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div></div>		
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	<div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div>		
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">86506.02</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">234.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ <div style="text-align: right;">Darryl Tattrie</div>			Date <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">10</div> / <div style="border: 1px solid black; padding: 2px;">15</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 90 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Donny Ann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address 498 Essex St Apt 96			Amount 78.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00149-00201
Purpose of Expenditure Payroll		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought		86584.02	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Aysha Mendez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address 3 Nichols St			Amount 78.00		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00150-00202
Purpose of Expenditure Payroll		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought		86662.02	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			156.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00563981 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee Martha Medina		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 3 Nichols St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">78.00</div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00151-00203 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Payroll		Category/ Type	<div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">86740.02</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Freslyn Garcia-Gonzalez		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address 16 Breed St # 8		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">78.00</div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00152-00204 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Payroll		Category/ Type	<div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">86818.02</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">156.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 92 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Chelsea Gothie			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 5 Lincoln St			Amount 253.50		
City Manchester By The		State MA	Zip Code 01944		Transaction ID : 24-03-00154-00206 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 12 / 2014
Purpose of Expenditure Payroll		Category/ Type 			
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought			87071.52		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Shirley Ortiz			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 64 Rand St			Amount 123.50		
City Revere		State MA	Zip Code 02151		Transaction ID : 24-03-00155-00207 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 12 / 2014
Purpose of Expenditure Payroll		Category/ Type 			
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought			87195.02		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			377.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Kate Jordan		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 92 Jackson St		Amount 396.50
City Salem	State MA	Zip Code 02140
Purpose of Expenditure Payroll		Transaction ID : 24-03-00156-00208 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Michael Bonbon		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 16 Shillaber St		Amount 866.14
City Peabody	State MA	Zip Code 01960
Purpose of Expenditure Payroll		Transaction ID : 24-03-00157-00209 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1262.64
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattrie

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Dina Bonbon		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 16 Shillaber St		Amount 741.00
City Peabody	State MA	Zip Code 01960
Purpose of Expenditure Payroll	Category/Type	Transaction ID : 24-03-00158-00210 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Seth Moulton		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Kimberly Cruz		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 138 Franklin St #6		Amount 104.00
City Lynn	State MA	Zip Code 01902
Purpose of Expenditure Payroll	Category/Type	Transaction ID : 24-03-00159-00211 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Seth Moulton		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	845.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattre

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 95 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brian Jean-Francois		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 71 Michigan Ave #2		Amount 546.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00118-00170
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		89848.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Travis Thurman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 60 Aspen Rd		Amount 377.00	
City Swampscott	State MA	Zip Code 01907	Transaction ID : 24-03-00120-00172
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		90225.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		923.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 96 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jake Robert		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 60 Gregory St		Amount 351.00	
City Marblehead	State MA	Zip Code 01945	Transaction ID : 24-03-00121-00173
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		90576.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Charlene Fernandez		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 2 Adams St		Amount 364.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00122-00174
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		90940.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		715.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Darryl Tattrie		Date MM / DD / YYYY 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 97 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts		FEC IDENTIFICATION NUMBER ▼ C C00563981	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Angel Gonzalez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 71 Michigan Ave # 1		Amount 455.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00123-00175
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Benita Meli		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 18 Bond St		Amount 520.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00124-00176
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		975.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Darryl Tattrie</i>		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee Michelle Mendez			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 27 Phillips Ave Apt 2			Amount <div style="border: 1px solid black; padding: 2px;">546.00</div>		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00125-00177 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px;"> </div>	<div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 12 / 2014		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">92461.66</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Augustina Matos			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 27 Phillips Ave Apt 2			Amount <div style="border: 1px solid black; padding: 2px;">351.00</div>		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00126-00178 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px;"> </div>	<div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 12 / 2014		
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">92812.66</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;">897.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Darryl Tattrie</u>			Date <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		

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Full Name of Payee Kendrick Jean-Francois		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 71 Michigan Ave #2		Amount 520.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00128-00180
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Seth Moulton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought	93501.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		689.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee Erick Ubri			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>		
Mailing Address 47 Burril Ave #1			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">208.00</div>		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00129-00181		
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div>		
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">93709.66</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Angelyz Benzan			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>		
Mailing Address 10 Timson St # 2			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">364.00</div>		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00130-00182		
Purpose of Expenditure Payroll		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div>		
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">94073.66</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">572.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Darryl Tattrie</u>			Date <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"><div style="border: 1px solid black; padding: 2px;">10</div> / <div style="border: 1px solid black; padding: 2px;">15</div> / <div style="border: 1px solid black; padding: 2px;">2014</div></div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 101 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Emely Benzan			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 10 Timson St # 2			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">455.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00131-00183
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94528.66</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Genesis Guerrero			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 47 Collins St Apt 3			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">130.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00132-00184
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Seth Moulton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94658.66</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">585.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Darryl Tattrie			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>		
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 102 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ C C00563981		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Laiza Espinal			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 14 Trinity Ave			Amount 507.00		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00133-00185		
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 12 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought		95165.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ 		
Full Name of Payee Natasha Davila			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 71 Michigan Ave # 1			Amount 260.00		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00134-00186		
Purpose of Expenditure Payroll		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 12 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought		95425.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ 		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			767.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Darryl Tattrie</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00563981 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee Emily Perez		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 9 Henry Ave #2		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 377.00 </div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00135-00187 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 12 / 2014 </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 95802.66 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Sydahn Richie		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 18 Caldwell Crescent		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 455.00 </div>	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00136-00188 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 12 / 2014 </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 96257.66 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 832.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 832.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Darryl Tattre

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Signature

Full Name of Payee Dahiana M Delarosa		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 19 Union St Apt 116		Amount 494.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00138-00190
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Seth Moulton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 06 State: MA
Calendar Year-To-Date Per Election for Office Sought	96803.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1650 1360 1656"> <tr> <td data-bbox="1101 1650 1360 1656">546.00</td></tr> </table>	546.00
546.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1101 1656 1360 1661"> <tr> <td data-bbox="1101 1656 1360 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1661 1360 1669"> <tr> <td data-bbox="1101 1661 1360 1669"></td></tr> </table>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 105 OF 106
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forward Massachusetts			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563981</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Cheyrithy Chea			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 11 Williams St # 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">468.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00139-00191 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 12 / 2014</div>
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>			
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jazmine Jackson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 6 Herbert st #3			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">39.00</div>		
City Lynn		State MA	Zip Code 01902		Transaction ID : 24-03-00140-00192 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 09 / 12 / 2014</div>
Purpose of Expenditure Payroll		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>			
Name of Federal Candidate Seth Moulton			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: MA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">507.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
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Signature Darryl Tattrie			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 15 / 2014</div>		
[Electronically Filed]					