

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 103
 Check if different than previously reported. (ACC) Middleton MA 01949

2. **FEC IDENTIFICATION NUMBER** C C00547257 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MA 06

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

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 01 / 2015 through 06 / 30 / 2015

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 Kai Moy

Signature of Treasurer Kai Moy

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 04 / 2015

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									
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 5

Write or Type Committee Name

DeFranco for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	110.00	995.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	110.00	995.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20.38	2525.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	27.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20.38	2497.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	235.76	
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).....	5000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

DeFranco for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	110.00	995.00
(iii) TOTAL of contributions from individuals ▶	110.00	995.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	110.00	995.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	27.50
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	110.00	1022.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20.38	2525.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	400.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20.38	2925.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	146.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	110.00
25. SUBTOTAL (add Line 23 and Line 24).....	256.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	235.76

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DeFranco for Congress** Transaction ID : **SC/10.5292**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Ms Marisa Ann DeFranco Esq.** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
14 North Main Street

City State ZIP Code
Middleton MA 01949

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS

Date Incurred: M 09 / D 09 / Y 2014
Date Due: M M / D D / Y 11/30/14
Interest Rate: 5.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="5000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="5000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.