

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

Tisei for Congress

ADDRESS (number and street)

26 Main Street

Check if different than previously reported. (ACC)

Lynnfield

MA

01880

2. FEC IDENTIFICATION NUMBER ▼

C C00506170

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

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 Brian M. Cresta

Signature of Treasurer Brian M. Cresta

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Tisei 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))....	6928.74	6998.74
(b) Total Contribution Refunds (from Line 20(d))	12760.00	14360.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-5831.26	-7361.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5879.46	48809.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	10000.00	10000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-4120.54	38809.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	937.31	
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	

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

Tisei for Congress

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

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).....	1858.74	1908.74
(ii) Unitemized.....	70.00	90.00
(iii) TOTAL of contributions from individuals ▶	1928.74	1998.74
(b) Political Party Committees.....	5000.00	5000.00
(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))..	6928.74	6998.74
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.)	10000.00	10000.00
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)..... ▶	16928.74	16998.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5879.46	48809.48
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	12510.00	14110.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	250.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	12760.00	14360.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	18639.46	63169.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2648.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16928.74
25. SUBTOTAL (add Line 23 and Line 24).....	19576.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18639.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	937.31

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tisei for Congress

A. Full Name (Last, First, Middle Initial)
JOHN ANEZIS

Mailing Address 99 BIRCH ST

City State Zip Code
PEABODY MA 01960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : SA11.YE.10001

Amount of Each Receipt this Period
-532.00
CHARGEBACK

B. Full Name (Last, First, Middle Initial)
JOHN ROUSH

Mailing Address 35 OLD PLANTERS RD.

City State Zip Code
BEVERLY MA 01915-1554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GSI GROUP INC. CORPORATE EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : SA11.YE.10002

Amount of Each Receipt this Period
-500.00
CHARGEBACK

C. Full Name (Last, First, Middle Initial)
RENEE RUCCI

Mailing Address 919 EASTERN AVE

City State Zip Code
MALDEN MA 02148-6034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11.YE.10004

Amount of Each Receipt this Period
2500.00

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

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

1468.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tisei for Congress

A. Full Name (Last, First, Middle Initial)
RACHEL M THOMPSON

Mailing Address **18 BAYVIEW AVE.**

City **BEVERLY** State **MA** Zip Code **01915**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11.YE.10009

Amount of Each Receipt this Period
2500.00

SPOUSAL REATTRIBUTION RECEIVED 12/2/12

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR. THOMAS W. THOMPSON

Mailing Address **18 BAYVIEW AVE.**

City **BEVERLY** State **MA** Zip Code **01915**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TANNIN CORP.** Occupation **MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11.YE.10008

Amount of Each Receipt this Period
-2500.00

SPOUSAL REATTRIBUTION RECEIVED 12/2/12

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ELIZABETH WRIGHT

Mailing Address **17805 STRILEY DR**

City **ASHTON** State **MD** Zip Code **20861**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
390.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11.YE.10007

Amount of Each Receipt this Period
390.74

IN-KIND: CATERING SERVICES & OFFICE SUPP

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

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

390.74

1858.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tisei for Congress

A. Full Name (Last, First, Middle Initial)
MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC ST

City BOSTON State MA Zip Code 02114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2012

Transaction ID : SA11.YE.10003

Amount of Each Receipt this Period
 5000.00

B. 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:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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:
 Primary General
 Other (specify)

Election Cycle-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).....

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

5000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tisei for Congress

A. Full Name (Last, First, Middle Initial)
MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC ST

City State Zip Code
BOSTON MA 02114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 03 / 2012

Transaction ID : SA14.YE.50001

Amount of Each Receipt this Period
10000.00

RETURNED CONTRIBUTION

B. 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:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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:
 Primary General
 Other (specify)

Election Cycle-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).....

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

10000.00

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tisei for Congress

Full Name (Last, First, Middle Initial) A. ELIZABETH WRIGHT		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 17805 STRILEY DR		Amount of Each Disbursement this Period 390.74 Transaction ID : SB17.YE.10022
City ASHTON State MD Zip Code 20861	Purpose of Disbursement IN-KIND: CATERING SERVICES & OFFICE SUPP	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. 100 LYNNFIELD ST. ASSOCIATES LP		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2012
Mailing Address 50 SALEM ST		Amount of Each Disbursement this Period 505.00 Transaction ID : SB17.YE.10006
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address PO BOX 1279		Amount of Each Disbursement this Period 186.69 Transaction ID : SB17.YE.10019
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1082.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tisei for Congress

Full Name (Last, First, Middle Initial) A. COMMUNITY CREDIT UNION OF LYNN			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address 1 ANDREW STREET			Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.YE.10015
City LYNN	State MA	Zip Code 01901	
Purpose of Disbursement BANK FEE		Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. COMMUNITY CREDIT UNION OF LYNN			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 1 ANDREW STREET			Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.YE.10018
City LYNN	State MA	Zip Code 01901	
Purpose of Disbursement BANK FEE		Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. ELAVON MERCHANT SERVICES			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address ONE CONCOURSE PARKWAY SUITE 300			Amount of Each Disbursement this Period 377.60 Transaction ID : SB17.YE.10016
City ATLANTA	State GA	Zip Code 30328	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional)	407.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tisei for Congress

Full Name (Last, First, Middle Initial) A. GAY & LESBIAN VICTORY FUND AND INSTITUTE		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address 1133 15TH STREET NW SUITE 350		Amount of Each Disbursement this Period 0.11
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.YE.10017
State: District:		

Full Name (Last, First, Middle Initial) B. HSA		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address PO BOX 059042		Amount of Each Disbursement this Period 412.59
City BRAINTREE State MA Zip Code 02135	Purpose of Disbursement EMPLOYEE BENEFITS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.YE.10001
State: District:		

Full Name (Last, First, Middle Initial) C. LYNNFIELD WATER DISTRICT		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address 842 SALEM STREET		Amount of Each Disbursement this Period 31.00
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement UTILITIES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.YE.10002
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	443.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tisei for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL GRID		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2012
Mailing Address PO BOX 11735		Amount of Each Disbursement this Period 501.99 Transaction ID : SB17.YE.10007
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NATIONAL GRID		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address PO BOX 11735		Amount of Each Disbursement this Period 44.54 Transaction ID : SB17.YE.10013
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PEABODY MUNICIPAL LIGHT PLANT		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address 201 WARREN STREET EXT		Amount of Each Disbursement this Period 297.80 Transaction ID : SB17.YE.10003
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	501.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tisei for Congress

A. PEABODY MUNICIPAL LIGHT PLANT

Full Name (Last, First, Middle Initial)
Mailing Address 201 WARREN STREET EXT

City PEABODY State MA Zip Code 01960

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 13 / 2012

Amount of Each Disbursement this Period: 365.42

Transaction ID : SB17.YE.10008

B. PEABODY MUNICIPAL LIGHT PLANT

Full Name (Last, First, Middle Initial)
Mailing Address 201 WARREN STREET EXT

City PEABODY State MA Zip Code 01960

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2012

Amount of Each Disbursement this Period: 288.49

Transaction ID : SB17.YE.10014

C. PLAZA DELI

Full Name (Last, First, Middle Initial)
Mailing Address 2 CENTER PLAZA

City BOSTON State MA Zip Code 02108

Purpose of Disbursement VOIDED CHECK: MEETING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2012

Amount of Each Disbursement this Period: -223.79

Transaction ID : SB17.YE.10020

(ORIGINAL CHECK DATE 9/17/12)

SUBTOTAL of Disbursements This Page (optional) 430.12

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tisei for Congress

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 16.90 Transaction ID : SB17.YE.10004
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement DELIVERY SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2012
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.YE.10009
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE LEGITTINO GROUP LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 9255 DOHENY RD STE 1704		Amount of Each Disbursement this Period -345.00 Transaction ID : SB17.YE.10021
City WEST HOLLYWOOD	State CA	
Zip Code 90069	Purpose of Disbursement VOIDED CHECK: EVENT CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	(ORIGINAL CHECK DATE 12/5/11)

SUBTOTAL of Disbursements This Page (optional).....	2071.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tisei for Congress

A. THRIFTCO PRINTING

Full Name (Last, First, Middle Initial)
Mailing Address 26 HOWLEY STREET

City PEABODY State MA Zip Code 01960

Purpose of Disbursement
MARKETING MATERIALS

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 13 / 2012

Amount of Each Disbursement this Period
369.96

Transaction ID : SB17.YE.10010

B. TOWN OF BEDFORD

Full Name (Last, First, Middle Initial)
Mailing Address 12 MUDGE WAY

City BEDFORD State MA Zip Code 01730

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 13 / 2012

Amount of Each Disbursement this Period
100.00

Transaction ID : SB17.YE.10011

C. VERIZON HQ

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1100

City ALBANK State NY Zip Code 12250

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 04 / 2012

Amount of Each Disbursement this Period
160.02

Transaction ID : SB17.YE.10005

SUBTOTAL of Disbursements This Page (optional)..... 629.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tisei for Congress

Full Name (Last, First, Middle Initial) A. VERIZON HQ		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2012
Mailing Address PO BOX 1100		Amount of Each Disbursement this Period 311.74
City ALBANK State NY Zip Code 12250	Category/Type	
Purpose of Disbursement BROADBAND SERVICES	Candidate Name	Transaction ID : SB17.YE.10012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	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)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	311.74
TOTAL This Period (last page this line number only).....	5879.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 20			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Tisei for Congress

Full Name (Last, First, Middle Initial) A. TIM ADAMS		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address PO BOX 5113		Amount of Each Disbursement this Period 10.00 Transaction ID : SB20.YE.0005
City BOZEMAN	State MT	
Zip Code 59717	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. WILLIAM RUCCI		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 919 EASTERN AVE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20.YE.0003
City MALDEN	State MA	
Zip Code 02148	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. TODD A. RUDERMAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 9101 NW 7TH AVE.		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB20.YE.0002
City MIAMI	State FL	
Zip Code 33150	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7510.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 20			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Tisei for Congress

Full Name (Last, First, Middle Initial) A. MARIA STATA		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 6 MILLER HILL ROAD		Amount of Each Disbursement this Period 2500.00
City DOVER State MA Zip Code 02030	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB20.YE.0004
State: District:		

Full Name (Last, First, Middle Initial) B. THOMAS THOMPSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address 18 BAYVIEW AVE.		Amount of Each Disbursement this Period 2500.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB20.YE.0001
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	12510.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 20	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tisei for Congress

Full Name (Last, First, Middle Initial) A. READING REPUBLICAN TOWN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address 18 HIGHLAND ST.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20.YE.0006
City READING State MA Zip Code 01867	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Tisei for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AMERICAN EXPRESS

Mailing Address PO BOX 1279

City State Zip Code
NEWARK NJ 07101

Nature of Debt (Purpose):
CREDIT CARD PURCHASES: OFFICE SUPPLIES,

Outstanding Balance Beginning This Period **Transaction ID : SD10.12YE.001**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Nature of Debt (Purpose):
DATA MANAGEMENT SERVICES

Outstanding Balance Beginning This Period **Transaction ID : SD10.12YE.002**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>