

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
15 JAN -9 PM 4:42

Office Use Only

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

12FE4M5

NEW HAMPSHIRE FOR SCOTT BROWN

ADDRESS (number and street)

PO BOX 600

Check if different than previously reported. (ACC)

RYE

NH

03870

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00560003

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NH

00

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

in the State of

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



General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

MM / DD / YYYY
11 / 25 / 2014

through

MM / DD / YYYY
12 / 31 / 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 Paul Kilgore

Signature of Treasurer Paul Kilgore

Date

MM / DD / YYYY
01 / 09 / 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

FEC FORM 3 (Revised 02/2003)

15020032741

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

NEW HAMPSHIRE FOR SCOTT BROWN

Report Covering the Period: From:

11 / 25 / 2014

To:

12 / 31 / 2014

	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)) ...	20.00	8520022.44
(b) Total Contribution Refunds (from Line 20(d)) ..	85250.00	4200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	-85230.00	8515822.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	139460.03	8699577.78
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	295.92
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	139460.03	8699281.86
8. Cash on Hand at Close of Reporting Period (from Line 27)...		
	59026.97	
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

15020032742

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

NEW HAMPSHIRE FOR SCOTT BROWN

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

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	5898016.42
(ii) Unitemized	20.00	1907266.34
(iii) TOTAL of contributions from individuals .	20.00	7805282.76
(b) Political Party Committees...	0.00	47600.00
(c) Other Political Committees (such as PACs)...	0.00	667139.68
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20.00	8520022.44
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	659762.13
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	295.92
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)...	20.00	9180080.49

15020032743

DETAILED SUMMARY PAGE
of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	139460.03	8699577.78
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...	82650.00	1800.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	2600.00	2400.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	85250.00	4200.00
21. OTHER DISBURSEMENTS ...	5300.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	230010.03	8703777.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ...	289017.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	20.00
25. SUBTOTAL (add Line 23 and Line 24)...	289037.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	230010.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	59026.97

**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 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

A. Full Name (Last, First, Middle Initial)
JESSICA BARRETT

Mailing Address 1700 BROADWAY, 38TH FL

City NEW YORK	State NY	Zip Code 10019-5933
------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2014

Transaction ID : SA11.409176

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
JONATHAN BARRETT

Mailing Address 1700 BROADWAY, 38TH FL

City NEW YORK	State NY	Zip Code 10019-5933
------------------	-------------	------------------------

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

Name of Employer LUMINUS MANAGEMENT, LLC	Occupation PRESIDENT
---	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2014

Transaction ID : SA11.409177

Amount of Each Receipt this Period
-2600.00
CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. CARLETON BURR JR.

Mailing Address 27 PAWKECHATT WAY

City MARION	State MA	Zip Code 02738-1620
----------------	-------------	------------------------

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

Name of Employer BURR BROTHERS BOATS INC.	Occupation YACHT REPAIR
--	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2014

Transaction ID : SA11.409175

Amount of Each Receipt this Period
-50.00
CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020032745

**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 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

A. Full Name (Last, First, Middle Initial)
MR. JAMES L. JOSLIN

Mailing Address **145 FOREST STREET**

City **WELLESLEY HILLS** State **MA** Zip Code **02481-6811**

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

Name of Employer **TFC FINANCIAL, INC.** Occupation **INVESTMENT MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M D D / Y Y Y Y
 11 25 2014

Transaction ID : **SA11.409173**

Amount of Each Receipt this Period
 -2600.00
 CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

B. Full Name (Last, First, Middle Initial)
MRS. SARAH JOSLIN

Mailing Address **145 FOREST STREET**

City **WELLESLEY** State **MA** Zip Code **02481-6811**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M D D / Y Y Y Y
 11 25 2014

Transaction ID : **SA11.409172**

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION FROM SPOUSE**

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

Amount of Each Receipt this Period

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

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

0.00

0.00

15020032746

**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 7 OF 56	
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. CONNOR BARROWS		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 3565 BROADWAY		Amount of Each Disbursement this Period 538.71 Transaction ID : SB17.11842
City SALEM State NH Zip Code 03079	Purpose of Disbursement SEE MEMO	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CONNOR BARROWS		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 3565 BROADWAY		Amount of Each Disbursement this Period 391.14 Transaction ID : SB17.11843 [MEMO ITEM]
City SALEM State NH Zip Code 03079	Purpose of Disbursement MILEAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DUNKIN DONUTS		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 216 ELM ST.		Amount of Each Disbursement this Period 36.77 Transaction ID : SB17.11845 [MEMO ITEM]
City MANCHESTER State NH Zip Code 03101	Purpose of Disbursement MEETING EXPENSE	
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).....	538.71
TOTAL This Period (last page this line number only).....	

15020032747

**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 8 OF 56	
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. HOME DEPOT		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 129 MARCH AVE.		Amount of Each Disbursement this Period 28.92
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.11847
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 500 STAPLES DR.		Amount of Each Disbursement this Period 25.05
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.11848
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DAVID DRUMMOND		Date of Disbursement MM / DD / YYYY 12 / 09 / 2014
Mailing Address PO BOX 600		Amount of Each Disbursement this Period 6000.00
City RYE	State NH	
Zip Code 03870	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.11838
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).....	6000.00
TOTAL This Period (last page this line number only).....	

15020032748

**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)

<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MARA MELLSTROM		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 489 MANOR LANE		Amount of Each Disbursement this Period 1062.93 Transaction ID : SB17.11840
City PELHAM	State NY	
Purpose of Disbursement MILEAGE		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) B. COLIN REED		Date of Disbursement MM / DD / YYYY 12 / 15 / 2014
Mailing Address 136 MIDDLE STREET		Amount of Each Disbursement this Period 3620.26 Transaction ID : SB17.11919
City MANCHESTER	State NH	
Purpose of Disbursement STAFF SALARY		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. COLIN REED		Date of Disbursement MM / DD / YYYY 12 / 31 / 2014
Mailing Address 136 MIDDLE STREET		Amount of Each Disbursement this Period 3620.26 Transaction ID : SB17.11982
City MANCHESTER	State NH	
Purpose of Disbursement STAFF SALARY		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).....	8303.45
TOTAL This Period (last page this line number only).....	

15020032749

**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 56	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. COLIN REED		Date of Disbursement MM / DD / YYYY 11 / 28 / 2014
Mailing Address 136 MIDDLE STREET		Amount of Each Disbursement this Period 3620.26 Transaction ID : SB17.11985
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement STAFF SALARY	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) B. ANYA ROSS		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 1 TROT ROAD		Amount of Each Disbursement this Period 597.20 Transaction ID : SB17.11841
City LITTLETON	State MA	
Zip Code 01460	Purpose of Disbursement MILEAGE	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. CHARLES RUSSELL		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 98 BRIDGE ST		Amount of Each Disbursement this Period 403.39 Transaction ID : SB17.11849
City HENNIKER	State NH	
Zip Code 03242	Purpose of Disbursement SEE MEMO	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).....	4620.85
TOTAL This Period (last page this line number only).....	

15020032750

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. CHARLES RUSSELL		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014	
Mailing Address 98 BRIDGE ST		Amount of Each Disbursement this Period 72.78	
City HENNIKER	State NH	Zip Code 03242	Transaction ID : SB17.I1850 [MEMO ITEM]
Purpose of Disbursement MILEAGE		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) B. HOME DEPOT		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014	
Mailing Address 129 MARCH AVE.		Amount of Each Disbursement this Period 258.54	
City MANCHESTER	State NH	Zip Code 03103	Transaction ID : SB17.I1851 [MEMO ITEM]
Purpose of Disbursement OFFICE SUPPLIES		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. LOWE'S		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014	
Mailing Address 1000 LOWES BLVD.		Amount of Each Disbursement this Period 21.98	
City MOORESVILLE	State NC	Zip Code 28117	Transaction ID : SB17.I1854 [MEMO ITEM]
Purpose of Disbursement OFFICE SUPPLIES		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).....	0.00
TOTAL This Period (last page this line number only).....	

15020032751

**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 56	
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MARKET BASKET		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 460 ELM STREET		Amount of Each Disbursement this Period 35.51 Transaction ID : SB17.11852
City MANCHESTER	State NH	
Purpose of Disbursement MEETING EXPENSE	Zip Code 03101	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 17 COLBY CT.		Amount of Each Disbursement this Period 13.58 Transaction ID : SB17.11855
City BEDFORD	State NH	
Purpose of Disbursement OFFICE SUPPLIES	Zip Code 03110	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM/DD/YYYY 12/05/2014
Mailing Address 105 GAY STREET		Amount of Each Disbursement this Period 84.25 Transaction ID : SB17.11831
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL SERVICE FEES	Zip Code 03103	[MEMO ITEM]
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).....	84.25
TOTAL This Period (last page this line number only).....	

15020032752

**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 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement MM / DD / YYYY 12 / 15 / 2014
Mailing Address 105 GAY STREET		Amount of Each Disbursement this Period 1762.24 Transaction ID : SB17.11920
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL TAXES		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) B. ADP		Date of Disbursement MM / DD / YYYY 12 / 16 / 2014
Mailing Address 105 GAY STREET		Amount of Each Disbursement this Period 1173.80 Transaction ID : SB17.11921
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL TAXES		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. ADP		Date of Disbursement MM / DD / YYYY 12 / 26 / 2014
Mailing Address 105 GAY STREET		Amount of Each Disbursement this Period 54.50 Transaction ID : SB17.11928
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL SERVICE FEES		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).....	2990.54
TOTAL This Period (last page this line number only).....	

15020032753

**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 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 105 GAY STREET		Amount of Each Disbursement this Period 1762.24 Transaction ID : SB17.11983
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement PAYROLL TAXES	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) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 105 GAY STREET		Amount of Each Disbursement this Period 1762.24 Transaction ID : SB17.11986
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement PAYROLL TAXES	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. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 200 VESEY ST.		Amount of Each Disbursement this Period 4800.78 Transaction ID : SB17.11824
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CC TRANSACTION FEES	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).....	8325.26
TOTAL This Period (last page this line number only).....	

15020032754

**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 56			
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. BOWDITCH & DEWEY			Date of Disbursement MM / DD / YYYY 11 / 26 / 2014	
Mailing Address 311 MAIN STREET				
City WORCESTER	State MA	Zip Code 01615	Amount of Each Disbursement this Period 10956.96	
Purpose of Disbursement LEGAL FEES		Candidate Name	Transaction ID : SB17.11820	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) B. BOWDITCH & DEWEY			Date of Disbursement MM / DD / YYYY 12 / 09 / 2014	
Mailing Address 311 MAIN STREET				
City WORCESTER	State MA	Zip Code 01615	Amount of Each Disbursement this Period 883.55	
Purpose of Disbursement LEGAL FEES		Candidate Name	Transaction ID : SB17.11837	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS			Date of Disbursement MM / DD / YYYY 12 / 03 / 2014	
Mailing Address 117 NORTH SAINT ASAPH ST.				
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 488.40	
Purpose of Disbursement E-MARKETING		Candidate Name	Transaction ID : SB17.11829	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12328.91
TOTAL This Period (last page this line number only).....	

15020032755

**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 56			
	<input checked="" type="checkbox"/> 17 <input 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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM/DD/YYYY 12/05/2014
Mailing Address 1445-A LAUGHLIN AVE.		Amount of Each Disbursement this Period 91.08 Transaction ID : SB17.11922
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES		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) B. CMDI		Date of Disbursement MM/DD/YYYY 12/02/2014
Mailing Address 1593 SPRING HILL ROAD		Amount of Each Disbursement this Period 5389.48 Transaction ID : SB17.11822
City TYSONS CORNER	State VA	
Purpose of Disbursement COMPLIANCE CONSULTING/CAGING		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. CMDI		Date of Disbursement MM/DD/YYYY 12/03/2014
Mailing Address 1593 SPRING HILL ROAD		Amount of Each Disbursement this Period 1934.12 Transaction ID : SB17.11828
City TYSONS CORNER	State VA	
Purpose of Disbursement COMPLIANCE CONSULTING/CAGING		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).....	7414.68
TOTAL This Period (last page this line number only).....	

15020032756

**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 56			
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 1593 SPRING HILL ROAD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I1832
City TYSONS CORNER	State VA	
Purpose of Disbursement CAGING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 1593 SPRING HILL ROAD		Amount of Each Disbursement this Period 1849.45 Transaction ID : SB17.I1918
City TYSONS CORNER	State VA	
Purpose of Disbursement CAGING/COMPLIANCE CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST BANKCARD		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 16629.19 Transaction ID : SB17.I1856
City OMAHA	State NE	
Purpose of Disbursement SEE MEMO	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).....	18503.64
TOTAL This Period (last page this line number only).....	

15020032757

**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 56			
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. 7-ELEVEN		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address PO BOX 711		Amount of Each Disbursement this Period 67.01
City DALLAS	State TX	
Zip Code 75221		Transaction ID : SB17.11857
Purpose of Disbursement TRAVEL EXPENSE		
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. AL PRIME		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 276 ELM STREET		Amount of Each Disbursement this Period 180.87
City MANCHESTER	State NH	
Zip Code 03101		Transaction ID : SB17.11858
Purpose of Disbursement MEETING EXPENSE		
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 1200 12TH AVE. S STE. 1200		Amount of Each Disbursement this Period 10.96
City SEATTLE	State WA	
Zip Code 98144		Transaction ID : SB17.11859
Purpose of Disbursement OFFICE SUPPLIES		
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:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020032758

**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 56			
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. ARENA SPORTS BAR		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 53 HIGH ST		Amount of Each Disbursement this Period 371.56 Transaction ID : SB17.I1860
City NASHUA	State NH	
Purpose of Disbursement EVENT CATERING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. BAILIWICKS		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 111 MAIN ST		Amount of Each Disbursement this Period 222.85 Transaction ID : SB17.I1861
City LITTLETON	State NH	
Purpose of Disbursement MEETING EXPENSES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. CIRCLE K		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 2470 LAFAYETTE ROAD		Amount of Each Disbursement this Period 348.54 Transaction ID : SB17.I1863
City PORTSMOUTH	State NH	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020032759

**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 20 OF 56	
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. CITY OF PORTSMOUTH		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 1 JUNKINS AVE.		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.11865
City PORTSMOUTH	State NH	
Purpose of Disbursement PARKING	Zip Code 03801	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 586 VALLEY ST.		Amount of Each Disbursement this Period 1078.48 Transaction ID : SB17.11866
City MANCHESTER	State NH	
Purpose of Disbursement CABLE/INTERNET SERVICE	Zip Code 03109	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COURTYARD MARRIOTT HOTELS		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 10400 FERNWOOD ROAD		Amount of Each Disbursement this Period 151.51 Transaction ID : SB17.11867
City BETHESDA	State MD	
Purpose of Disbursement LODGING	Zip Code 20817	[MEMO ITEM]
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).....	0.00
TOTAL This Period (last page this line number only).....	

15020032760

**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 21 OF 56

<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. DC CHOPHOUSE		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 509 7TH STREET NW		Amount of Each Disbursement this Period 101.14 Transaction ID : SB17.11868 [MEMO ITEM]
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement MEETING EXPENSE	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) B. DUNKIN DONUTS		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 216 ELM ST.		Amount of Each Disbursement this Period 2.16 Transaction ID : SB17.11869 [MEMO ITEM]
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement MEETING EXPENSE	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. ENTERPRISE RENT A CAR		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 155 MIRONA RD		Amount of Each Disbursement this Period 308.20 Transaction ID : SB17.11870 [MEMO ITEM]
City PORTSMOUTH	State NH	
Zip Code 03801	Purpose of Disbursement CAR RENTAL	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).....	0.00
TOTAL This Period (last page this line number only).....	

15020032761

**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 22 OF 56	
	<input checked="" type="checkbox"/> 17 <input 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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. EXXONMOBIL		Date of Disbursement MM DD YY 12 11 2014
Mailing Address 21 MAIN STREET		Amount of Each Disbursement this Period 17.00 Transaction ID : SB17.11871
City MANCHESTER	State NH	
Purpose of Disbursement TRAVEL EXPENSE	Zip Code 03102	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM DD YY 12 11 2014
Mailing Address 218 GRIFFIN RD		Amount of Each Disbursement this Period 316.04 Transaction ID : SB17.11872
City PORTSMOUTH	State NH	
Purpose of Disbursement SHIPPING	Zip Code 03801	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST BANKCARD		Date of Disbursement MM DD YY 12 11 2014
Mailing Address PO BOX 2818		Amount of Each Disbursement this Period 78.00 Transaction ID : SB17.11887
City OMAHA	State NE	
Purpose of Disbursement CREDIT CARD FEES	Zip Code 68103	[MEMO ITEM]
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).....	0.00
TOTAL This Period (last page this line number only).....	

15020032762

**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 23 OF 56			
	<input checked="" type="checkbox"/> 17 <input 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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 1600 AMPHITHEATRE PKWY		Amount of Each Disbursement this Period 549.99
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement WEB SERVICES	Transaction ID : SB17.11873
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GULF OIL		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 822 INTERSTATE HWY.		Amount of Each Disbursement this Period 190.45
City NORTH PORTSMOUTH	State NH	
Zip Code 03801	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.11875
Candidate Name	Category/ Type	[MEMO ITEM]
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. HILTON HOTELS		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 7930 JONES BRANCH DR. STE. 1100		Amount of Each Disbursement this Period 845.89
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement LODGING	Transaction ID : SB17.11876
Candidate Name	Category/ Type	[MEMO ITEM]
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).....	0.00
TOTAL This Period (last page this line number only).....	

15020032763

**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 24 OF 56	
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MAILCHIMP		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 512 MEANS ST. STE. 404		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.11878 [MEMO ITEM]
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement E-MARKETING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MARKET BASKET		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 460 ELM STREET		Amount of Each Disbursement this Period 294.00 Transaction ID : SB17.11882 [MEMO ITEM]
City MANCHESTER State NH Zip Code 03101	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARRIOTT HOTELS		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 10400 FERNWOOD ROAD		Amount of Each Disbursement this Period 1559.13 Transaction ID : SB17.11879 [MEMO ITEM]
City BETHESDA State MD Zip Code 20817	Purpose of Disbursement LODGING	
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).....	0.00
TOTAL This Period (last page this line number only).....	

15020032764

**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 25 OF 56	
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MOAT MOUNTAIN SMOKE HOUSE		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 3378 WHITE MOUNTAIN HWY ROUTE 16		Amount of Each Disbursement this Period 23.75
City NORTH CONWAY State NH Zip Code 03860	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.I1881
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MURPHYS TAPROOM		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 494 ELM ST.		Amount of Each Disbursement this Period 76.95
City MANCHESTER State NH Zip Code 03101	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB17.I1883
Candidate Name	Category/Type	[MEMO ITEM]
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. NETWORK SOLUTIONS		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 12808 GRAN BAY PARKWAY		Amount of Each Disbursement this Period 184.95
City JACKSONVILLE State FL Zip Code 32258	Purpose of Disbursement WEB SERVICES	Transaction ID : SB17.I1914
Candidate Name	Category/Type	[MEMO ITEM]
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).....	0.00
TOTAL This Period (last page this line number only).....	

15020032765

**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 26 OF 56	
	<input checked="" type="checkbox"/> 17 <input 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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. NORTH END SUPERETTE		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 1308 ELM ST		Amount of Each Disbursement this Period 340.00 Transaction ID : SB17.11886 [MEMO ITEM]
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement EVENT SUPPLIES	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) B. PETEYS SUMMERTIME SEAFOOD		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 1323 OCEAN BLVD.		Amount of Each Disbursement this Period 409.46 Transaction ID : SB17.11890 [MEMO ITEM]
City RYE	State NH	
Zip Code 03870	Purpose of Disbursement EVENT CATERING	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. PINARD WASTE SYSTEM		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 32 W. RIVER ROAD		Amount of Each Disbursement this Period 687.06 Transaction ID : SB17.11891 [MEMO ITEM]
City HOOKSETT	State NH	
Zip Code 03106	Purpose of Disbursement UTILITIES	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).....	0.00
TOTAL This Period (last page this line number only).....	

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**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 27 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. POLAND SPRING WATER		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 109 POLAND SPRING DT.		Amount of Each Disbursement this Period 22.68 Transaction ID : SB17.I1893
City POLAND	State ME	
Purpose of Disbursement OFFICE WATER		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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. PORTSMOUTH 66		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 2975 LAFAYETTE ROAD		Amount of Each Disbursement this Period 104.71 Transaction ID : SB17.I1894
City PORTSMOUTH	State NH	
Purpose of Disbursement TRAVEL EXPENSE		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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SAM HOSPITALITY CORP.		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014
Mailing Address 2 SOMERSET PKWY		Amount of Each Disbursement this Period 817.50 Transaction ID : SB17.I1897
City NASHUA	State NH	
Purpose of Disbursement EVENT FACILITY RENTAL		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)	[MEMO ITEM]
State: District:		

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

0.00

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

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**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 28 OF 56	
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement 12 / 11 / 2014	
Mailing Address 500 STAPLES DR.		Amount of Each Disbursement this Period 39.99	
City FRAMINGHAM	State MA	Zip Code 01702	Transaction ID : SB17.11898 [MEMO ITEM]
Purpose of Disbursement OFFICE SUPPLIES		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) B. SUNOCO		Date of Disbursement 12 / 11 / 2014	
Mailing Address 3240 NEW JERSEY 38		Amount of Each Disbursement this Period 52.34	
City MT. LAUREL	State NJ	Zip Code 08054	Transaction ID : SB17.11901 [MEMO ITEM]
Purpose of Disbursement TRAVEL EXPENSE		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. T-BONES AMERICAN GRILL		Date of Disbursement 12 / 11 / 2014	
Mailing Address 1182 UNION AVE		Amount of Each Disbursement this Period 251.22	
City LACONIA	State NH	Zip Code 03246	Transaction ID : SB17.11904 [MEMO ITEM]
Purpose of Disbursement MEETING EXPENSE		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).....	0.00
TOTAL This Period (last page this line number only).....	

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**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 29 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. TAYLOR RENTAL		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 110 DANIEL WEBSTER HWY.		Amount of Each Disbursement this Period 79.00
City NASHUA	State NH	Zip Code 03060
Purpose of Disbursement EVENT EQUIPMENT RENTAL	Candidate Name	Transaction ID : SB17.I1903
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. TEDESCHI FOODS		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 268 WHITTIER HWY		Amount of Each Disbursement this Period 376.00
City SANDWICH	State NH	Zip Code 03227
Purpose of Disbursement EVENT CATERING	Candidate Name	Transaction ID : SB17.I1905
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. THE DRAFT		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 67 S MAIN ST		Amount of Each Disbursement this Period 670.00
City CONCORD	State NH	Zip Code 03301
Purpose of Disbursement EVENT CATERING	Candidate Name	Transaction ID : SB17.I1906
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020032769

**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 30 OF 56	
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. THE ONE HUNDRED CLUB		Date of Disbursement MM / DD / YY 12 / 11 / 2014
Mailing Address 100 MARKET ST. STE. 500		Amount of Each Disbursement this Period 535.04 Transaction ID : SB17.I1907
City PORTSMOUTH	State NH	
Purpose of Disbursement EVENT CATERING		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) B. THEO'S RESTAURANT		Date of Disbursement MM / DD / YY 12 / 11 / 2014
Mailing Address 102 ELM STREET		Amount of Each Disbursement this Period 156.36 Transaction ID : SB17.I1909
City MANCHESTER	State NH	
Purpose of Disbursement MEETING EXPENSE		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. TOWN & COUNTRY INN		Date of Disbursement MM / DD / YY 12 / 11 / 2014
Mailing Address 20 US 2		Amount of Each Disbursement this Period 416.09 Transaction ID : SB17.I1910
City GORHAM	State NH	
Purpose of Disbursement LODGING		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).....	0.00
TOTAL This Period (last page this line number only).....	

1502003270

**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 31 OF 56	
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. UPS		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014	
Mailing Address 373 S. WILLOW ST.		Amount of Each Disbursement this Period 608.52	
City MANCHESTER	State NH	Zip Code 03103	Transaction ID : SB17.11908 [MEMO ITEM]
Purpose of Disbursement SHIPPING		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) B. US POSTMASTER		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014	
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 283.51	
City WASHINGTON	State DC	Zip Code 20260	Transaction ID : SB17.11911 [MEMO ITEM]
Purpose of Disbursement POSTAGE		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. WAL-MART		Date of Disbursement MM / DD / YYYY 12 / 11 / 2014	
Mailing Address 17 COLBY CT.		Amount of Each Disbursement this Period 305.70	
City BEDFORD	State NH	Zip Code 03110	Transaction ID : SB17.11913 [MEMO ITEM]
Purpose of Disbursement OFFICE SUPPLIES		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).....	0.00
TOTAL This Period (last page this line number only).....	

15020032771

**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 32 OF 56	
	<input checked="" type="checkbox"/> 17 <input 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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. WILD ROVER PUB		Date of Disbursement 12 / 11 / 2014
Mailing Address 21 KOSCIUSZKO ST		Amount of Each Disbursement this Period 961.67
City MANCHESTER	State NH	Zip Code 03101
Purpose of Disbursement EVENT CATERING/FACILITY RENTAL		Transaction ID : SB17.11915 [MEMO ITEM]
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) B. I360 LLC		Date of Disbursement 12 / 09 / 2014
Mailing Address PO BOX 37046		Amount of Each Disbursement this Period 1000.00
City BALTIMORE	State MD	Zip Code 21297
Purpose of Disbursement DATA SUBSCRIPTION		Transaction ID : SB17.11835
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. PIRYX		Date of Disbursement 12 / 18 / 2014
Mailing Address 144 2ND STREET 1ST FL		Amount of Each Disbursement this Period 116.00
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement CC TRANSACTION FEES		Transaction ID : SB17.11836
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).....	1116.00
TOTAL This Period (last page this line number only).....	

15020032772

**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 33 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. PROFESSIONAL DATA SERVICES INC.		Date of Disbursement MM / DD / YYYY 12 / 01 / 2014
Mailing Address 2470 DANIELLS BRIDGE ROAD STE. 121		Amount of Each Disbursement this Period 5058.60 Transaction ID : SB17.11826
City ATHENS	State GA	
Zip Code 30606	Purpose of Disbursement FINANCIAL CONSULTING	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) B. SCM ASSOCIATES INC.		Date of Disbursement MM / DD / YYYY 12 / 04 / 2014
Mailing Address 1283 MAIN STREET		Amount of Each Disbursement this Period 20609.32 Transaction ID : SB17.11830
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement DIRECT MAIL PRODUCTION	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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 12 / 08 / 2014
Mailing Address 1033 N FAIRFAX ST STE 400		Amount of Each Disbursement this Period 43226.81 Transaction ID : SB17.11833
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement E-MARKETING	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).....	68894.73
TOTAL This Period (last page this line number only).....	

15020032773

**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 34 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. THE PROSPER GROUP		Date of Disbursement MM/DD/YYYY 12/08/2014
Mailing Address 435 EAST MAIN ST. STE. 250		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.11834
City GREENWOOD	State IN	
Purpose of Disbursement WEB HOSTING	Zip Code 46143	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) B. UPS		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address 373 S. WILLOW ST.		Amount of Each Disbursement this Period 214.01 Transaction ID : SB17.11839
City MANCHESTER	State NH	
Purpose of Disbursement SHIPPING	Zip Code 03103	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. VERIZON WIRELESS		Date of Disbursement MM/DD/YYYY 12/11/2014
Mailing Address PO BOX 15062		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.11917
City ALBANY	State NY	
Purpose of Disbursement CONFERENCE CALLS	Zip Code 12212	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).....	339.01
TOTAL This Period (last page this line number only).....	139460.03

15020032774

**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 35 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MS. ELISABETH K. ALLISON		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 69 PINEHURST ROAD		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB20A.11940
City BELMONT	State MA	
Zip Code 02478	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MR. BOB ATCHINSON		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 115 COMMONWEALTH AVE APT 2		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.11950
City BOSTON	State MA	
Zip Code 02116	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DR. ED BOSARGE		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 4203 YOAKUM BLVD.		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB20A.11968
City HOUSTON	State TX	
Zip Code 77006	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5800.00
TOTAL This Period (last page this line number only).....	

15020032775

**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 36 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

A. MRS. SUSAN V. BRUNOFF

Full Name (Last, First, Middle Initial)

Mailing Address 334 W. CEDAR STREET

City NEW HOLLAND State PA Zip Code 17557

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12/30/2014

Amount of Each Disbursement this Period: 600.00

Transaction ID : SB20A.1936

Category/Type

B. MRS. PATRICIA COBB

Full Name (Last, First, Middle Initial)

Mailing Address 77 WENDOVER WAY

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12/30/2014

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB20A.1958

Category/Type

C. JOHN J. FISHER

Full Name (Last, First, Middle Initial)

Mailing Address 101A CLAY ST.

City SAN FRANCISCO State CA Zip Code 94111

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12/30/2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB20A.1945

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 4000.00

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

1502003276

**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 37 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MR. PETER C. FORSTER		Date of Disbursement 12 / 30 / 2014
Mailing Address 5291 PARTRIDGE LANE NW		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.11953
City WASHINGTON	State DC	
Zip Code 20016	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WILBUR FOSTER		Date of Disbursement 12 / 30 / 2014
Mailing Address 322 AVERY ROAD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.11931
City GARRISON	State NY	
Zip Code 10524	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MRS. SUE M BOATMAN GARLAND		Date of Disbursement 12 / 30 / 2014
Mailing Address 636 GARLAND AVE (YES)		Amount of Each Disbursement this Period 30.00 Transaction ID : SB20A.11980
City WINNETKA	State IL	
Zip Code 60093	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

3630.00

1502003277

**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 38 OF 56			
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. JOHN HALSTON		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 141 W. JACKSON BLVD		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.11963
City CHICAGO	State IL	
Zip Code 60604	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MR. MATTHEW HALVORSEN		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 1 SUNDIAL AVENUE #112		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.11933
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BEN HELLER		Date of Disbursement MM / DD / YYYY 12 / 31 / 2014
Mailing Address PO BOX 320845		Amount of Each Disbursement this Period 5200.00 Transaction ID : SB.2
City ALEXANDRIA	State VA	
Zip Code 22320	Purpose of Disbursement REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10400.00
TOTAL This Period (last page this line number only).....	

1502003278

**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 39 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MS. MARCIA HELWAGEN		Date of Disbursement 12 / 30 / 2014
Mailing Address 605 EDGEWOOD DRIVE		Amount of Each Disbursement this Period 7.00 Transaction ID : SB20A.11979
City CIRCLEVILLE	State OH	
Zip Code 43113	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DAN HUDAK		Date of Disbursement 12 / 30 / 2014
Mailing Address 2020 FRONT STREET SUITE 307		Amount of Each Disbursement this Period 100.00 Transaction ID : SB20A.11971
City CUYAHOGA FALLS	State OH	
Zip Code 44221	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MS. PATRICIA G. HUMPHREY		Date of Disbursement 12 / 30 / 2014
Mailing Address P.O. BOX 1461		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB20A.11948
City CONCORD	State NH	
Zip Code 03302	Purpose of Disbursement REFUND	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1707.00
TOTAL This Period (last page this line number only).....	

15020032779

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

A. MRS. KAREN IACOVELLI

Full Name (Last, First, Middle Initial)

Mailing Address 148 MILESTONE WAY STE. C.

City GREENVILLE State SC Zip Code 29615

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB20A.11951

Category/Type

B. MICHAEL J JACOBSON

Full Name (Last, First, Middle Initial)

Mailing Address 16 HIGHLAND AVE

City CAMBRIDGE State MA Zip Code 02139

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB.1

Category/Type

C. MR. JONATHAN JANZEN

Full Name (Last, First, Middle Initial)

Mailing Address 39158 SQUAW VALLEY ROAD

City SQUAW VALLEY State CA Zip Code 93675

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2014

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB20A.11978

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 5220.00

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

15020032780

**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 41 OF 56
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MR. NORMAN E. JENKINS		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014	
Mailing Address 11545 WALKER ROAD		Amount of Each Disbursement this Period 2.00	
City MOUNT VERNON	State WA	Zip Code 98273	Transaction ID : SB20A.11975
Purpose of Disbursement REFUND		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. MR. JAMES L. JOSLIN		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014	
Mailing Address 145 FOREST STREET		Amount of Each Disbursement this Period 6200.00	
City WELLESLEY HILLS	State MA	Zip Code 02481	Transaction ID : SB20A.11967
Purpose of Disbursement REFUND		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. MR. CHARLES P. KAGELEIRY		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014	
Mailing Address P.O. BOX 186		Amount of Each Disbursement this Period 400.00	
City DOVER	State NH	Zip Code 03821	Transaction ID : SB20A.11942
Purpose of Disbursement REFUND		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	6602.00
TOTAL This Period (last page this line number only)	

15020032781

**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 42 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MR. DOUANGMALA KHOUNNAVONGSA		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address P.O. BOX 912		Amount of Each Disbursement this Period 1.00 Transaction ID : SB20A.11976
City LOWELL	State MA	
Purpose of Disbursement REFUND	Zip Code 01853	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. MR. JOHN KINGSTON		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 16 CHESTNUT STREET		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.11947
City WINCHESTER	State MA	
Purpose of Disbursement REFUND	Zip Code 01890	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. ROGER KLEIN		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 63 BEETHOVEN		Amount of Each Disbursement this Period 950.00 Transaction ID : SB20A.11930
City WABAN	State MA	
Purpose of Disbursement REFUND	Zip Code 02468	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	3551.00
TOTAL This Period (last page this line number only).....	

15020032782

**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 43 OF 56	
	<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

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. ERIC KORSH		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 452 NEPTUNE AVE		Amount of Each Disbursement this Period 500.00
City ENCINITAS	State CA	
Zip Code 92024	Purpose of Disbursement REFUND	Transaction ID : SB20A.11929
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MR. STEPHEN LESSING		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 9 SHAKE HILL ROAD		Amount of Each Disbursement this Period 2400.00
City COLD SPRING HARBOR	State NY	
Zip Code 11724	Purpose of Disbursement REFUND	Transaction ID : SB20A.11957
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. ROBERT M. LEWIS		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 11793 ANTIETAM ROAD		Amount of Each Disbursement this Period 20.00
City WOODBIDGE	State VA	
Zip Code 22192	Purpose of Disbursement REFUND	Transaction ID : SB20A.11972
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2920.00
TOTAL This Period (last page this line number only).....	

15020032783

**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 44 OF 56
	<input 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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MR. MICHAEL HOLT MASSEY		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 85 MERRIMAC ST # 5		Amount of Each Disbursement this Period 5200.00 Transaction ID : SB20A.11970
City BOSTON	State MA	
Purpose of Disbursement REFUND		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. MR. GERALD MAY		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 6340 BEAR RIDGE ROAD		Amount of Each Disbursement this Period 10.00 Transaction ID : SB20A.11974
City LOCKPORT	State NY	
Purpose of Disbursement REFUND		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. PETER MCCANN		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address P.O. BOX 416		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20A.11935
City GROVEPORT	State OH	
Purpose of Disbursement REFUND		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	5610.00
TOTAL This Period (last page this line number only).....	

15020032784

**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 45 OF 56			
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. AUDREY MILLER		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 74 PARK LANE		Amount of Each Disbursement this Period 900.00 Transaction ID : SB20A.11939
City CONCORD	State MA	
Zip Code 01742		Category/ Type
Purpose of Disbursement REFUND		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) B. MS. ANN-MARIE NABHAN		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 29 COBBLESTONE LANE		Amount of Each Disbursement this Period 5.00 Transaction ID : SB20A.11973
City WORCESTER	State MA	
Zip Code 01606		Category/ Type
Purpose of Disbursement REFUND		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) C. DAVID NICHOLSON		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 4600 MILITARY TRL, STE 222		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20A.11943
City JUPITER	State FL	
Zip Code 33458		Category/ Type
Purpose of Disbursement REFUND		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1305.00
TOTAL This Period (last page this line number only).....	

15020032785

**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 46 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MRS. COREEN M. PACKER		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 9 KENDALL DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB20A.11938
City WESTBOROUGH	State MA	
Purpose of Disbursement REFUND	Zip Code 01581	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MR. MICHAEL L. PARIN		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 2156 WILLOW LAKE DRIVE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.11959
City MISHAWAKA	State IN	
Purpose of Disbursement REFUND	Zip Code 46545	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LEWIS PEMBERTON		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 9820 STONEBRIDGE DR.		Amount of Each Disbursement this Period 900.00 Transaction ID : SB20A.11969
City YUKON	State OK	
Purpose of Disbursement REFUND	Zip Code 73099	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3550.00
TOTAL This Period (last page this line number only).....	

15020032786

**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 47 OF 56
	<input 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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. WILLIAM C. POWERS		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 190 NE 5TH AVE.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I1965
City BOCA RATON	State FL	
Purpose of Disbursement REFUND	Zip Code 33432	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MR. HARRY QUARLS		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 3832 GREENBRIER DRIVE		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB20A.I1937
City DALLAS	State TX	
Purpose of Disbursement REFUND	Zip Code 75225	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. KEVIN B. ROLLINS		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 192 CLAYBROOK RD		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I1955
City DOVER	State MA	
Purpose of Disbursement REFUND	Zip Code 02030	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6700.00
TOTAL This Period (last page this line number only).....	

15020032787

**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)

<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MR. MATTHEW ROSENTHAL		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 3 WHITEHOUSE LANE		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20A.I1964
City WESTON	State MA	
Purpose of Disbursement REFUND	Zip Code 02493	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BARBARA SAWYER		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 386 TWIN LAKE VILLA RD		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I1961
City NEW LONDON	State NH	
Purpose of Disbursement REFUND	Zip Code 03257	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BINKLEY SHORTS		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 74 CHERRY ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB20A.I1956
City WENHAM	State MA	
Purpose of Disbursement REFUND	Zip Code 01984	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 checked="" 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).....	

15020032788

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial)
A. ALLEN SIMON

Date of Disbursement
MM / DD / YYYY
12 / 30 / 2014

Mailing Address 1383 N CRISS ST

City CHANDLER State AZ Zip Code 85226

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period
250.00

Transaction ID : SB20A.11962

Category/ Type

Full Name (Last, First, Middle Initial)
B. WILLIAM SMITH

Date of Disbursement
MM / DD / YYYY
12 / 30 / 2014

Mailing Address P.O. BOX 808

City NEW CASTLE State NH Zip Code 03854

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period
1600.00

Transaction ID : SB20A.11949

Category/ Type

Full Name (Last, First, Middle Initial)
C. MR. JAMES N. STANARD

Date of Disbursement
MM / DD / YYYY
12 / 30 / 2014

Mailing Address 15 LINDEN LANE

City CHATHAM State NJ Zip Code 07928

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period
2600.00

Transaction ID : SB20A.11952

Category/ Type

SUBTOTAL of Disbursements This Page (optional)..... 4450.00

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

15020032789

**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 50 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. PETER SWENSON		Date of Disbursement MM/DD/YYYY 12/30/2014
Mailing Address P.O. BOX 8		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.11944
City TILDEN	State TX	
Zip Code 78072		Category/ Type
Purpose of Disbursement REFUND		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) B. GLENN THOMAS		Date of Disbursement MM/DD/YYYY 12/31/2014
Mailing Address 2008 SHARON DR		Amount of Each Disbursement this Period 25.00 Transaction ID : SB.3
City ALBANY	State GA	
Zip Code 31707		Category/ Type
Purpose of Disbursement REFUND		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) C. MR. W. JAMES TOZER JR.		Date of Disbursement MM/DD/YYYY 12/30/2014
Mailing Address 550 PARK AVE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.11932
City NEW YORK	State NY	
Zip Code 10065		Category/ Type
Purpose of Disbursement REFUND		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	5225.00
TOTAL This Period (last page this line number only).....	

15020032790

**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 51 OF 56
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MR. TREVOR TRAINA		Date of Disbursement MM/DD/YYYY 12/30/2014
Mailing Address 2825 BROADWAY STREET		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.11960
City SAN FRANCISCO	State CA	
Purpose of Disbursement REFUND	Zip Code 94115	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MR. JOSEPH A. TROWBRIDGE		Date of Disbursement MM/DD/YYYY 12/30/2014
Mailing Address 43 LEDGEWOOD DRIVE UNIT 328		Amount of Each Disbursement this Period 10.00 Transaction ID : SB20A.11977
City MILFORD	State NH	
Purpose of Disbursement REFUND	Zip Code 03055	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. DONALD T. VALENTINE		Date of Disbursement MM/DD/YYYY 12/30/2014
Mailing Address 9745 E. BAJADA ROAD		Amount of Each Disbursement this Period 900.00 Transaction ID : SB20A.11934
City SCOTTSDALE	State AZ	
Purpose of Disbursement REFUND	Zip Code 85262	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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3510.00
TOTAL This Period (last page this line number only).....	

15020032791

**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 52 OF 56
	<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)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. DR. STEPHEN WALTMAN		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 35 FRONTENAC ESTATES DRIVE		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20A.I1966
City SAINT LOUIS State MO Zip Code 63131	Purpose of Disbursement REFUND	
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANNE YOUNG		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 9301 EAST THORNTON FRWY		Amount of Each Disbursement this Period 650.00 Transaction ID : SB20A.I1941
City DALLAS State TX Zip Code 75228	Purpose of Disbursement REFUND	
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ROBERT ZEIDMAN		Date of Disbursement MM / DD / YYYY 12 / 30 / 2014
Mailing Address 15565 SWISS CREEK LANE		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20A.I1946
City CUPERTINO State CA Zip Code 95014	Purpose of Disbursement REFUND	
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	82630.00

15020032792

**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 53 OF 56

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial)

A. ROTHMAN INSTITUTE PAC

Date of Disbursement

Mailing Address 926 CHESTNUT STREET FL. 6

MM/DD/YYYY
12/30/2014

City PHILADELPHIA State PA Zip Code 19107

Amount of Each Disbursement this Period

Purpose of Disbursement
REFUND

2600.00

Candidate Name

Transaction ID : SB20C.I1954

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

Category/
Type

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

MM/DD/YYYY

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM/DD/YYYY

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

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

State: District:

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

2600.00

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

2600.00

15020032793

**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 54 OF 56
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input checked="" type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. FRIENDS OF KELLY AYOTTE		Date of Disbursement MM / DD / YYYY 12 / 23 / 2014
Mailing Address PO BOX 937		Amount of Each Disbursement this Period 100.00 Transaction ID : SB21.I1923
City MANCHESTER	State NH	
Zip Code 03105	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name KELLY A AYOTTE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NH District:	

Full Name (Last, First, Middle Initial) B. FRIENDS OF PAT TOOMEY		Date of Disbursement MM / DD / YYYY 12 / 23 / 2014
Mailing Address 228 S WASHINGTON ST STE. 115		Amount of Each Disbursement this Period 100.00 Transaction ID : SB21.I1926
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name PATRICK JOSEPH TOOMEY	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District:	

Full Name (Last, First, Middle Initial) C. KIRK FOR SENATE		Date of Disbursement MM / DD / YYYY 12 / 23 / 2014
Mailing Address PO BOX 8		Amount of Each Disbursement this Period 100.00 Transaction ID : SB21.I1925
City WINNETKA	State IL	
Zip Code 60093	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name MARK STEVEN KIRK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District:	

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

15020032794

**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 55 OF 56	
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial) A. MARCO RUBIO FOR US SENATE		Date of Disbursement MM / DD / YYYY 12 / 23 / 2014
Mailing Address PO BOX 140420		Amount of Each Disbursement this Period 100.00 Transaction ID : SB21.I1924
City MIAMI State FL Zip Code 33114	Purpose of Disbursement CONTRIBUTION	
Candidate Name MARCO RUBIO		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District:		

Full Name (Last, First, Middle Initial) B. RON JOHNSON FOR SENATE INC.		Date of Disbursement MM / DD / YYYY 12 / 23 / 2014
Mailing Address 219 WASHINGTON AVE STE. 101		Amount of Each Disbursement this Period 100.00 Transaction ID : SB21.I1927
City OSHKOSH State WI Zip Code 54901	Purpose of Disbursement CONTRIBUTION	
Candidate Name RONALD HAROLD JOHNSON		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WI District:		

Full Name (Last, First, Middle Initial) C. THE SALVATION ARMY		Date of Disbursement MM / DD / YYYY 12 / 31 / 2014
Mailing Address PO BOX 1959		Amount of Each Disbursement this Period 100.00 Transaction ID : SB.A
City ATLANTA State GA Zip Code 30301	Purpose of Disbursement DONATION	
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).....	300.00
TOTAL This Period (last page this line number only).....	

15020032795

**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 56 OF 56

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE FOR SCOTT BROWN

Full Name (Last, First, Middle Initial)

A. FISCAL RESPONSIBILITY PAC

Date of Disbursement

Mailing Address 470 BANFIELD RD

M M	D D	Y Y	Y Y
11	26	2014	

City PORTSMOUTH State NH Zip Code 03801

Amount of Each Disbursement this Period

Purpose of Disbursement
CONTRIBUTION

4700.00

Candidate Name

Transaction ID : SB21.11819

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

M M	D D	Y Y	Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

M M	D D	Y Y	Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

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

State: District:

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

4700.00

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

5300.00

15020032796

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

1-9-15

Date of Receipt

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Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

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OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

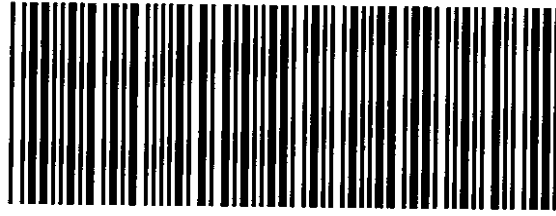
PREPARER

DH

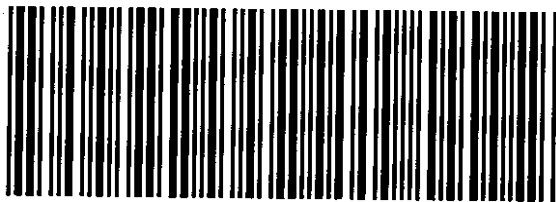
DATE PREPARED

1-9-15

15020032797



SEN PATCH



SEN PATCH

15020032798