

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 821  
 Check if different than previously reported. (ACC) Salem NH 03079

2. **FEC IDENTIFICATION NUMBER** C C00552364 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
NH 02

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 11 / 04 / 2014 in the State of NH  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period 07 / 01 / 2014 through 08 / 20 / 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 David Horan  
Signature of Treasurer David Horan *[Electronically Filed]* Date 09 / 17 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**Marilinda Garcia for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 08 / 20 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	72331.00	311324.01
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	72331.00	311324.01
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	117887.08	239861.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	117887.08	239861.97
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	117974.04	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Marilinda Garcia for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 08 / 20 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49345.00	240740.90
(ii) Unitemized.....	12986.00	40783.11
(iii) TOTAL of contributions from individuals ▶	62331.00	281524.01
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	29800.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	72331.00	311324.01
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	38924.90	46512.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	111255.90	357836.01

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	117887.08	239861.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	117887.08	239861.97

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	124605.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	111255.90
25. SUBTOTAL (add Line 23 and Line 24).....	235861.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	117887.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	117974.04

**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 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Aiman**

Mailing Address **PO Box 646**

City **Lancaster** State **OH** Zip Code **43130**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 14 / 2014**

**Transaction ID : SA11AI.6461**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Duane Alton**

Mailing Address **712 Lancashire Ln**

City **Liberty Lake** State **WA** Zip Code **99019**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 01 / 2014**

**Transaction ID : SA11AI.6114**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

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

Mailing Address **712 Lancashire Ln**

City **Liberty Lake** State **WA** Zip Code **99019**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 12 / 2014**

**Transaction ID : SA11AI.6169**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harold Berenson**

Mailing Address 3833 Lorraine Rd

City Larkspur State CO Zip Code 80118

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 12 / 2014

**Transaction ID : SA11AI.6171**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gordon Bitter**

Mailing Address PO Box 267

City Rye Beach State NH Zip Code 01776

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

Name of Employer Isola Group S.A.R.L. Occupation Financial Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.6106**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 333 S Hope St Suite 3000

City Los Angeles State CA Zip Code 90071

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

Name of Employer Kirkland & Ellis Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.6104**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Martin Boles**

Mailing Address 333 S Hope St  
Suite 3000

City Los Angeles State CA Zip Code 90071

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

Name of Employer Occupation  
Kirkland & Ellis Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2014

**Transaction ID : SA11AI.6320**

Amount of Each Receipt this Period  
Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Patrick Byrne**

Mailing Address 700 Bitner Rd

City Park City State UT Zip Code 84098

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

Name of Employer Occupation  
Overstock.com CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2014

**Transaction ID : SA11AI.6382**

Amount of Each Receipt this Period  
Contribution 2600.00

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

Mailing Address 165 Sago Palm Rd

City Vero Beach State FL Zip Code 32963

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

Name of Employer Occupation  
JW Childs Associates CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : SA11AI.6014**

Amount of Each Receipt this Period  
Contribution 2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Childs**

Mailing Address 165 Sago Palm Rd

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
JW Childs Associates CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 14 / 2014**

**Transaction ID : SA11AI.6015**

Amount of Each Receipt this Period  
**2600.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Jason Clark**

Mailing Address PO Box 1143

City State Zip Code  
Rye NH 03870

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 14 / 2014**

**Transaction ID : SA11AI.6297**

Amount of Each Receipt this Period  
**1000.00**

Contribution

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

Mailing Address 9936 Villa Granito Ln

City State Zip Code  
Granite Bay CA 95746

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

Name of Employer Occupation  
Wells Fargo Advisors Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : SA11AI.6345**

Amount of Each Receipt this Period  
**500.00**

Contribution

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

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

**4100.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Colburn**

Mailing Address 1250 Elm Tree Rd

City Lake Forest State IL Zip Code 60045

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

Name of Employer CED Management Services Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : SA11AI.6268**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**David Colburn**

Mailing Address 1250 Elm Tree Rd

City Lake Forest State IL Zip Code 60045

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

Name of Employer CED Management Services Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.6317**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 36 EDMOND DR

City NASHUA State NH Zip Code 03063

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

Name of Employer IEI Technology USA Occupation Sales Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.6403**

Amount of Each Receipt this Period  
 Contribution 50.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gail Cromwell**

Mailing Address 70 Fisk Hill Road

City State Zip Code  
Temple NH 03084

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : SA11AI.6428**

Amount of Each Receipt this Period  
 Contribution 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Sherry Cunningham**

Mailing Address 3400 Woodland Ln

City State Zip Code  
Alexandria VA 22309

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

Name of Employer Foirfax County Schools Occupation Teachers

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11AI.6197**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 604 Farr Hill Road

City State Zip Code  
Littleton NH 03561

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11AI.6349**

Amount of Each Receipt this Period  
 Contribution 100.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mary Daly</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2014	
Mailing Address 604 Farr Hill Road		<b>Transaction ID : SA11AI.6444</b>	
City Littleton	State NH	Zip Code 03561	Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>B. Ramesh P Dave</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 1 Samuel Dr		<b>Transaction ID : SA11AI.6395</b>	
City Concord	State NH	Zip Code 03301	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Vivek Dave</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2014	
Mailing Address 14 Hayward Brook Dr		<b>Transaction ID : SA11AI.6205</b>	
City Concord	State NH	Zip Code 03301	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 12 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vivek Dave**

Mailing Address 14 Hayward Brook Dr

City Concord State NH Zip Code 03301

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

Name of Employer Self-Employed Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.6396**

Amount of Each Receipt this Period  
 Contribution 750.00

**B.** Full Name (Last, First, Middle Initial)  
**Vivek Dave**

Mailing Address 14 Hayward Brook Dr

City Concord State NH Zip Code 03301

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

Name of Employer Self-Employed Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.6417**

Amount of Each Receipt this Period  
 Contribution 50.00

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

Mailing Address 5905 Walton Rd

City Bethesda State MD Zip Code 20817

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.6411**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tieman H. Dippel, Jr.**

Mailing Address 804 E Mansfield St

City Brenham State TX Zip Code 77833

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

Name of Employer Brenham National Bank Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.6026**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**James Downey**

Mailing Address 2600 New Bridge Dr

City Los Altos Hills State CA Zip Code 94022

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

Name of Employer Altos Sonoma Corp Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.6330**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 160 N Fairview Ave Ste 4

City Goleta State CA Zip Code 93117

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

Name of Employer Self Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.6312**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tamra Farah**

Mailing Address 9735 Brassie Ct

City Colorado Springs State CO Zip Code 80920

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.5988**

Amount of Each Receipt this Period  
 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Quinton Cannon Farrar**

Mailing Address 67 W Surry Rd

City Keene State NH Zip Code 03431

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

Name of Employer Smiths Medical Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : SA11AI.6119**

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address 58 Hawkins Glen Dr

City Salem State NH Zip Code 03079

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

Name of Employer Vice Chairman Occupation Bank of New England

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11AI.6243**

Amount of Each Receipt this Period  
 1000.00

Contribution

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Flynn**

Mailing Address 1016 SW Myrtle Dr

City Portland State OR Zip Code 97201

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

Name of Employer: New & Neville Real Estate  
Occupation: Real Estate Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.6322**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Gilder**

Mailing Address 1775 Broadway

City New York State NY Zip Code 10019

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

Name of Employer: Gilder Gagnon Howe & Co  
Occupation: Stock Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.6455**

Amount of Each Receipt this Period  
 Contribution 2600.00

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

Mailing Address 1775 Broadway

City New York State NY Zip Code 10019

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

Name of Employer: Gilder Gagnon Howe & Co  
Occupation: Stock Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.6457**

Amount of Each Receipt this Period  
 Contribution 2600.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Gill**

Mailing Address 327 Amherst St

City State Zip Code  
Nashua NH 03063

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

Name of Employer Occupation  
The Mortgage Specialists Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2014

**Transaction ID : SA11AI.6477**

Amount of Each Receipt this Period  
2000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Oliver Grace**

Mailing Address 241 Bradley Pl

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
Development Services LLC Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2014

**Transaction ID : SA11AI.6112**

Amount of Each Receipt this Period  
1300.00  
Contribution

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

Mailing Address 19 Brown Rd

City State Zip Code  
Harrisville NH 03450

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

Name of Employer Occupation  
RKH Advisors LLC Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2014

**Transaction ID : SA11AI.6283**

Amount of Each Receipt this Period  
500.00  
Contribution

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

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

3800.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Hayden**

Mailing Address 352 Deepwood Rd

City Barrington State IL Zip Code 60001

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 05 / 2014

**Transaction ID : SA11AI.6068**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Roger Heath**

Mailing Address POB 236  
185 Old Turnpikr Rd

City Salisbury State NH Zip Code 03268

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.6285**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 16 Hawkview Road

City Hudson State NH Zip Code 03051

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : SA11AI.6052**

Amount of Each Receipt this Period  
 Contribution 150.00

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

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

2150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Evelyn P Kantor**

Mailing Address 1015 Meadow Ln

City Dunbarton State NH Zip Code 03046

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.6359**

Amount of Each Receipt this Period  
 Contribution 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Korpan**

Mailing Address 31483 Morning Star Dr

City Evergreen State CO Zip Code 80439

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

Name of Employer Information Requested Occupation Information Requested

Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 10 / 2014

**Transaction ID : SA11AI.6143**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 31483 Morning Star Dr

City Evergreen State CO Zip Code 80439

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

Name of Employer Information Requested Occupation Information Requested

Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.6310**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Krause**

Mailing Address 265 Old Dublin Rd

City State Zip Code  
Peterborough NH 03458

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

Name of Employer Self Occupation Investment Adviser

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.6222**

Amount of Each Receipt this Period  
 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Lankford**

Mailing Address 8304 Ivy Green Rd

City State Zip Code  
Fairfax VA 22039

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

Name of Employer Van Scoyoc & Assoc Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : SA11AI.6183**

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address 1662 Elm St

City State Zip Code  
Manchester NH 03101

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

Name of Employer Self Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.6398**

Amount of Each Receipt this Period  
 500.00

Contribution

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Brewster Macfarland</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 415 N State St Suite 1 City State Zip Code Chicago IL 60654		<b>Transaction ID : SA11AI.6218</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 200.00
Name of Employer Law bulletin Publishing Company	Occupation Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 400.00	

Full Name (Last, First, Middle Initial) <b>B. John MacLeod</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 84 Boxwood Ln City State Zip Code Dover NH 03820		<b>Transaction ID : SA11AI.6021</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2600.00
Name of Employer Portsmouth Christian Academy	Occupation Teacher	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 2600.00	

Full Name (Last, First, Middle Initial) <b>C. John MacLeod</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 84 Boxwood Ln City State Zip Code Dover NH 03820		<b>Transaction ID : SA11AI.6399</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2600.00
Name of Employer Portsmouth Christian Academy	Occupation Teacher	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 5200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5400.00
<b>TOTAL</b> This Period (last page this line number only).....	5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jonathan May</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2014
Mailing Address 7000 Lakepointe Dr		<b>Transaction ID : SA11AI.6058</b>
City Oklahoma City	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Self	Occupation Salesman	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Greg McNece</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 11 / 2014
Mailing Address PO Box 1830		<b>Transaction ID : SA11AI.6166</b>
City Davis	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00
Name of Employer Davisville Properties	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Greg McNece</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2014
Mailing Address PO Box 1830		<b>Transaction ID : SA11AI.6236</b>
City Davis	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00
Name of Employer Davisville Properties	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 22 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Greg McNece**

Mailing Address PO Box 1830

City State Zip Code  
Davis CA 95617

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

Name of Employer Occupation  
Davisville Properties CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : SA11AI.6237**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Greg McNece**

Mailing Address PO Box 1830

City State Zip Code  
Davis CA 95617

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

Name of Employer Occupation  
Davisville Properties CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.6271**

Amount of Each Receipt this Period  
 100.00  
 Contribution

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

Mailing Address PO Box 1830

City State Zip Code  
Davis CA 95617

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

Name of Employer Occupation  
Davisville Properties CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2014

**Transaction ID : SA11AI.6474**

Amount of Each Receipt this Period  
 100.00  
 Contribution

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jean Monagle**

Mailing Address PO Box 1551

City: **Campton** State: **NH** Zip Code: **03223**

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

Name of Employer: **none** Occupation: **Homemaker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **450.00**

Date of Receipt: **08 / 18 / 2014**

**Transaction ID : SA11AI.6370**

Amount of Each Receipt this Period: **200.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Birch Mullins**

Mailing Address 201 S Warson Rd

City: **Saint Louis** State: **MO** Zip Code: **63124**

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

Name of Employer: **Baur Properties** Occupation: **Real Estate Investment**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **07 / 01 / 2014**

**Transaction ID : SA11AI.6108**

Amount of Each Receipt this Period: **250.00**

Contribution

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

Mailing Address 6 Proclamation Ct

City: **Bedford** State: **NH** Zip Code: **03110**

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

Name of Employer: **Skill Soft** Occupation: **COO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **08 / 20 / 2014**

**Transaction ID : SA11AI.6448**

Amount of Each Receipt this Period: **500.00**

Contribution

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

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

**950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur Norton**

Mailing Address 609 Otter Rd

City Grantham State NH Zip Code 03753

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11AI.6028**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Arthur Norton**

Mailing Address 609 Otter Rd

City Grantham State NH Zip Code 03753

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : SA11AI.6425**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 125 Breck Hill Road

City Lyme State NH Zip Code 03768

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : SA11AI.6459**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

2000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Reid**

Mailing Address 11 Harding Ave

City Lockport State NY Zip Code 14094

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

Name of Employer Reid Group Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 05 / 2014

**Transaction ID : SA11AI.6066**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Reid**

Mailing Address 11 Harding Ave

City Lockport State NY Zip Code 14094

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

Name of Employer Reid Group Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.6346**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 4 Augusta National Dr

City Bedford State NH Zip Code 03110

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

Name of Employer DCS Corp Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.6279**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Leslie Rose**

Mailing Address 330 S Ocean Blvd

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : SA11AI.6012**

Amount of Each Receipt this Period  
500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia J Rouvalis**

Mailing Address 7 Spaulding St

City State Zip Code  
Concord NH 03301

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

Name of Employer Occupation  
Self-Employed Portfolio Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2014

**Transaction ID : SA11AI.6039**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 1383 N Criss St

City State Zip Code  
Chandler AZ 85266

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2014

**Transaction ID : SA11AI.6092**

Amount of Each Receipt this Period  
500.00  
Contribution

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gregory Sorg**

Mailing Address 129 Gibson Road

City Franconia State NH Zip Code 03580

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : SA11AI.6432**

Amount of Each Receipt this Period  
 Contribution **500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Stewart**

Mailing Address 2655 SW 164th PI

City Burien State WA Zip Code 98166

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **530.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.6316**

Amount of Each Receipt this Period  
 Contribution **500.00**

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

Mailing Address 2655 SW 164th PI

City Burien State WA Zip Code 98166

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1030.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11AI.6318**

Amount of Each Receipt this Period  
 Contribution **500.00**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lee Tenzer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2014
Mailing Address 9762 Bentgrass Bnd		<b>Transaction ID : SA11AI.6123</b>
City Naples	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Karen Thoman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2014
Mailing Address 13 Shingle Mill Rd		<b>Transaction ID : SA11AI.6206</b>
City Nashua	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 45.00
Name of Employer S3 Development	Occupation Clerical	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 245.00	

Full Name (Last, First, Middle Initial) <b>C. Maynard Thomson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2014
Mailing Address PO Box 257		<b>Transaction ID : SA11AI.6250</b>
City Freedom	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00
Name of Employer Self	Occupation Writer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1295.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 29 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Thonet**

Mailing Address 60 N Amherst Rd

City Bedford State NH Zip Code 03110

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

Name of Employer StorBridge Global Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.6412**

Amount of Each Receipt this Period  
 Contribution 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Verney**

Mailing Address 100 Pierce Hill Rd

City Bennington State NH Zip Code 03442

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

Name of Employer Monadnock Paper Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.6371**

Amount of Each Receipt this Period  
 Contribution 50.00

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

Mailing Address 300 Crescent Ct Suite 1000

City Dallas State TX Zip Code 75201

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

Name of Employer Highland Stargate Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : SA11AI.6239**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Zazzera Jr**

Mailing Address 27 Mill Haven Rd

City State Zip Code  
Glen Mills PA 19342

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

Name of Employer Occupation  
Thomas Properties Group Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 10 / 2014

**Transaction ID : SA11Al.6305**

Amount of Each Receipt this Period  
Contribution  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250.00

49345.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FREEDOMS DEFENSE SUPERFUND**

Mailing Address 2776 ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C** C00533992

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11C.6551**

Amount of Each Receipt this Period  
 Contribution 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS**

Mailing Address 317 MASSACHUSETTS AVENUE, NE  
1ST FLOOR

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11C.6561**

Amount of Each Receipt this Period  
 Contribution 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**

Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11C.6558**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 32 OF 70  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**U.S.-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 22945

City State Zip Code  
HIALEAH FL 33002

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 30 2014

**Transaction ID : SA11C.6555**

Amount of Each Receipt this Period  
 Contribution 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

10000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 70
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Victory Trust 2014**

Mailing Address 228 S. Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00564641

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
27049.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : SA12.6511**

Amount of Each Receipt this Period  
19462.45

Transfers from Joint Fundraising Committee

**B.** Full Name (Last, First, Middle Initial)  
**Victory Trust 2014**

Mailing Address 228 S. Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00564641

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
46512.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : SA12.6515**

Amount of Each Receipt this Period  
19462.45

Transfer from Joint Fundraising Committee

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

Amount of Each Receipt this Period

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

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

38924.90

38924.90

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: SA12

Transaction ID : SA12.6511

Richard Sugden PO Box 70 Wilson WY 83014, 6/30, Physician At Family Practice Associates, 2600; Susan Sugden PO Box 70 Wilson WY 83014 6/30, Homemaker 2600; Jenny Craig 11601 Wilshire Boulevard #1840 Los Angeles CA 7/2 Retired, 2600; Richard Weekley 111 N Post Oak Boulevard Houston Texas 77055 7/7 Real Estate Developer at Weekly Properties, 2600; William Butler PO Box 75020 Cincinnati Ohio 45275 7/8, CEO of Corporex, 2600; A Joseph Brandmeyer 824 Cherry Hill Lane El Paso Texas 79912 7/11, CEO Fambran Enterprises 2600; Clarence Werner PO Box 45308 Omaha NE 68145 7/14, Chairman at Wemer Enterprises, 2600; Henry Gordon 335 High Street Denver CO 80218 7/28 , President of Strata Resources, 2600.

Form/Schedule: SA12

Transaction ID: SA12.6515

Richard Sugden PO Box 70 Wilson WY 83014, 6/30, Physician At Family Practice Associates, 2600; Susan Sugden PO Box 70 Wilson WY 83014 6/30, Homemaker 2600; Jenny Craig 11601 Wilshire Boulevard #1840 Los Angeles CA 7/2 Retired, 2600; Richard Weekley 111 N Post Oak Boulevard Houston Texas 77055 7/7 Real Estate Developer at Weekly Properties, 2600; William Butler PO Box 75020 Cincinnati Ohio 45275 7/8, CEO of Corporex, 2600; A Joseph Brandmeyer 824 Cherry Hill Lane El Paso Texas 79912 7/11, CEO Fambran Enterprises 2600; Clarence Werner PO Box 45308 Omaha NE 68145 7/14, Chairman at Wemer Enterprises, 2600; Henry Gordon 335 High Street Denver CO 80218 7/28 , President of Strata Resources, 2600.

**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 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aegis Strategic</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2000 N 14th St Suite 710		Amount of Each Disbursement this Period 2500.00
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Consulting	Transaction ID : <b>SB17.5879</b>
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Bellwether Consulting Group</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014
Mailing Address 1150 Hungryneck Blvd C-336		Amount of Each Disbursement this Period 7500.00
City Mount Pleasant	State SC	
Zip Code 29464	Purpose of Disbursement Fundraising Consultant	Transaction ID : <b>SB17.6496</b>
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Bellwether Consulting Group</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014
Mailing Address 1150 Hungryneck Blvd C-336		Amount of Each Disbursement this Period 299.24
City Mount Pleasant	State SC	
Zip Code 29464	Purpose of Disbursement Expense Voucher Parking,Cabs,Breakfast,Dinner	Transaction ID : <b>SB17.6497</b>
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10299.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 7601 Penn Ave. S		Amount of Each Disbursement this Period 589.94
City Richfield	State MN	
Zip Code 55423	Purpose of Disbursement Camera	Transaction ID : SB17.5863
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Copy</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1 Eagle Sq		Amount of Each Disbursement this Period 10.85
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Printing	Transaction ID : SB17.6523
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Copy</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 1 Eagle Sq		Amount of Each Disbursement this Period 35.00
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Literature	Transaction ID : SB17.5849
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	635.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 70		
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Copy</b>		Date of Disbursement
Mailing Address 1 Eagle Sq		M M / D D / Y Y Y Y 07 / 24 / 2014
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Literature	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5856

Full Name (Last, First, Middle Initial) <b>B. Capitol Copy</b>		Date of Disbursement
Mailing Address 1 Eagle Sq		M M / D D / Y Y Y Y 07 / 25 / 2014
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Literature	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5859

Full Name (Last, First, Middle Initial) <b>c. Capitol Copy</b>		Date of Disbursement
Mailing Address 1 Eagle Sq		M M / D D / Y Y Y Y 07 / 28 / 2014
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Literature	Candidate Name	Amount of Each Disbursement this Period 52.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5875

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	102.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Copy</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1 Eagle Sq		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.5897</b>
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Literature	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:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Copy</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1 Eagle Sq		Amount of Each Disbursement this Period 18.00 <b>Transaction ID : SB17.5901</b>
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Literature	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:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Copy</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1 Eagle Sq		Amount of Each Disbursement this Period 7.60 <b>Transaction ID : SB17.5917</b>
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Literature	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	125.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 70			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. CDW</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 200 N Milwaukee Avenue		Amount of Each Disbursement this Period 570.74
City Vernon Hills	State IL	
Zip Code 60065	Purpose of Disbursement Phones	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:		

Full Name (Last, First, Middle Initial) <b>B. CLUB FOR GROWTH PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 2001 L ST NW SUITE 600		Amount of Each Disbursement this Period 747.87
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement Processing Fees	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:		

Full Name (Last, First, Middle Initial) <b>c. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 336 Bath Road		Amount of Each Disbursement this Period 740.84
City Brunswick	State MA	
Zip Code 04011	Purpose of Disbursement Internet	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2059.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Cunningham</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 3344.00 <b>Transaction ID : SB17.6633</b>
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement June salary	Category/ Type
Candidate Name <b>Marilinda Garcia for Congress</b>	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: NH District: 02	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Cunningham</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 3344.00 <b>Transaction ID : SB17.6634</b>
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement July payroll	Category/ Type
Candidate Name <b>Marilinda Garcia for Congress</b>	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: NH District: 02	

Full Name (Last, First, Middle Initial) <b>c. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.6527</b>
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Food	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6698.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. CVS</b>		Date of Disbursement
Mailing Address 1 CVS Drive		M M / D D / Y Y Y Y 07 / 15 / 2014
City Woonsocket	State RI	Zip Code 02895
Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 13.29	
Candidate Name	Transaction ID : SB17.6521	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. CVS</b>		Date of Disbursement
Mailing Address 1 CVS Drive		M M / D D / Y Y Y Y 07 / 21 / 2014
City Woonsocket	State RI	Zip Code 02895
Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 21.99	
Candidate Name	Transaction ID : SB17.5836	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. CVS</b>		Date of Disbursement
Mailing Address 1 CVS Drive		M M / D D / Y Y Y Y 07 / 21 / 2014
City Woonsocket	State RI	Zip Code 02895
Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 30.48	
Candidate Name	Transaction ID : SB17.5840	
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	65.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. CVS</b>		Date of Disbursement
Mailing Address 1 CVS Drive		M M / D D / Y Y Y Y 07 / 28 / 2014
City Woonsocket	State RI	Zip Code 02895
Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 21.99	
Candidate Name	Transaction ID : SB17.5865	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. CVS</b>		Date of Disbursement
Mailing Address 1 CVS Drive		M M / D D / Y Y Y Y 07 / 28 / 2014
City Woonsocket	State RI	Zip Code 02895
Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 44.79	
Candidate Name	Transaction ID : SB17.5874	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. CVS</b>		Date of Disbursement
Mailing Address 1 CVS Drive		M M / D D / Y Y Y Y 07 / 30 / 2014
City Woonsocket	State RI	Zip Code 02895
Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 44.79	
Candidate Name	Transaction ID : SB17.5888	
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	111.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 43.98
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5915
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 5.99
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5925
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 53.95
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5928
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	103.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 3.29
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5931
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 11.98
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5934
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 21.99
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5936
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 51.77
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5950
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 14.99
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5971
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 15.99
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5972
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	82.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cybersource</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1295 CHARLESTON ROAD		Amount of Each Disbursement this Period 40.86
City Mountain View State CA Zip Code 94043	Purpose of Disbursement Web Hosting	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5776</b>
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:	

Full Name (Last, First, Middle Initial) <b>B. Cybersource</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1295 CHARLESTON ROAD		Amount of Each Disbursement this Period 62.71
City Mountain View State CA Zip Code 94043	Purpose of Disbursement Web Hosting	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5908</b>
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:	

Full Name (Last, First, Middle Initial) <b>c. Cybersource</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 1295 CHARLESTON ROAD		Amount of Each Disbursement this Period 653.77
City Mountain View State CA Zip Code 94043	Purpose of Disbursement processing fees	
Candidate Name <b>Marilinda Garcia for Congress</b>	Category/Type	<b>Transaction ID : SB17.6636</b>
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: NH District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	757.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Exxon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 5959 LAS COLINAS BLVD,		Amount of Each Disbursement this Period 11.99
City Irving	State TX	
Zip Code 75039	Purpose of Disbursement Gas	Transaction ID : SB17.6524
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1601 Willow Rd Menlo Park		Amount of Each Disbursement this Period 164.03
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	Transaction ID : SB17.5769
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1601 Willow Rd Menlo Park		Amount of Each Disbursement this Period 55.94
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	Transaction ID : SB17.5898
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	231.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Brendan Fulmer</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 4501 N Charles St		Amount of Each Disbursement this Period 1470.12 <b>Transaction ID : SB17.5780</b>
City Baltimore	State MD	
Zip Code 21210	Purpose of Disbursement June Pay	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:	

Full Name (Last, First, Middle Initial) <b>B. Brendan Fulmer</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 4501 N Charles St		Amount of Each Disbursement this Period 324.00 <b>Transaction ID : SB17.5852</b>
City Baltimore	State MD	
Zip Code 21210	Purpose of Disbursement Milage	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:	

Full Name (Last, First, Middle Initial) <b>c. Brendan Fulmer</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014
Mailing Address 4501 N Charles St		Amount of Each Disbursement this Period 1470.13 <b>Transaction ID : SB17.5977</b>
City Baltimore	State MD	
Zip Code 21210	Purpose of Disbursement July Pay	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3264.25
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Brendan Fulmer</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 4501 N Charles St		Amount of Each Disbursement this Period 624.00
City Baltimore	State MD	
Zip Code 21210	Purpose of Disbursement Milage	Transaction ID : SB17.5980
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. David Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 23 School Street		Amount of Each Disbursement this Period 132.37
City Salem	State NH	
Zip Code 03079	Purpose of Disbursement Reimbursement (event costs)	Transaction ID : SB17.5966
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Goddu Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 5 Candlestick Ln		Amount of Each Disbursement this Period 5816.00
City Salem	State NH	
Zip Code 03079	Purpose of Disbursement Signs	Transaction ID : SB17.5779
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6572.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Goddu Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 5 Candlestick Ln		Amount of Each Disbursement this Period 1241.47 <b>Transaction ID : SB17.5782</b>
City Salem	State NH	
Zip Code 03079	Purpose of Disbursement T-Shirts	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:	

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 73.49 <b>Transaction ID : SB17.5781</b>
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Apps	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:	

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 82.89 <b>Transaction ID : SB17.5909</b>
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Apps	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1397.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 50.00
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Apps	Transaction ID : SB17.5981
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Gulf Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 707 Grant Street		Amount of Each Disbursement this Period 36.63
City Pittsburg	State PA	
Zip Code 15219	Purpose of Disbursement Gas	Transaction ID : SB17.6541
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. Gulf Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 707 Grant Street		Amount of Each Disbursement this Period 44.92
City Pittsburg	State PA	
Zip Code 15219	Purpose of Disbursement Gas	Transaction ID : SB17.5820
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	131.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gulf Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 707 Grant Street		Amount of Each Disbursement this Period 36.00
City Pittsburg	State PA	
Zip Code 15219	Purpose of Disbursement Gas	Transaction ID : SB17.5976
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Greg Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1236 Derbyshire Rd		Amount of Each Disbursement this Period 461.75
City Potomac	State MD	
Zip Code 20854	Purpose of Disbursement June Pay	Transaction ID : SB17.5807
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Greg Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014
Mailing Address 1236 Derbyshire Rd		Amount of Each Disbursement this Period 461.75
City Potomac	State MD	
Zip Code 20854	Purpose of Disbursement July Pay	Transaction ID : SB17.5919
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	959.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hess</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address 1185 Avenue of the Americas 40th F		Amount of Each Disbursement this Period 20.26 <b>Transaction ID : SB17.6546</b>
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Gas	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:	

Full Name (Last, First, Middle Initial) <b>B. Hess</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 1185 Avenue of the Americas 40th F		Amount of Each Disbursement this Period 10.18 <b>Transaction ID : SB17.5868</b>
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Gas	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:	

Full Name (Last, First, Middle Initial) <b>c. Magellen Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1685 Boxelder Street Suite 300		Amount of Each Disbursement this Period 4550.00 <b>Transaction ID : SB17.5956</b>
City Louisville	State CO	
Zip Code 80027	Purpose of Disbursement polling expenses	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4580.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Patrick Marvin</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 24 Rosemont Ave Apt 2		Amount of Each Disbursement this Period 461.75 <b>Transaction ID : SB17.5822</b>
City Portland	State ME	
Zip Code 04103	Purpose of Disbursement June Pay	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:	

Full Name (Last, First, Middle Initial) <b>B. Patrick Marvin</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014
Mailing Address 24 Rosemont Ave Apt 2		Amount of Each Disbursement this Period 843.50 <b>Transaction ID : SB17.5944</b>
City Portland	State ME	
Zip Code 04103	Purpose of Disbursement July Pay	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:	

Full Name (Last, First, Middle Initial) <b>C. Michael Medeiros</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 7036 Church St		Amount of Each Disbursement this Period 1470.12 <b>Transaction ID : SB17.5794</b>
City Loudon	State NH	
Zip Code 03307	Purpose of Disbursement June Pay	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2775.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Medeiros</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 7036 Church St		Amount of Each Disbursement this Period 1470.13 <b>Transaction ID : SB17.5914</b>
City Loudon State NH Zip Code 03307	Purpose of Disbursement July Pay	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Michael Medeiros</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 7036 Church St		Amount of Each Disbursement this Period 279.20 <b>Transaction ID : SB17.6631</b>
City Loudon State NH Zip Code 03307	Purpose of Disbursement mileage voucher	
Candidate Name <b>Marilinda Garcia for Congress</b>	Category/Type	
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: NH District: 02		

Full Name (Last, First, Middle Initial) <b>c. Mentzer Media Services Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 600 Fairmount Ave		Amount of Each Disbursement this Period 35000.00 <b>Transaction ID : SB17.5968</b>
City Towson State MD Zip Code 21286	Purpose of Disbursement TV Ad Reserve	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	36749.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Zach Montanero</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 9 Glenwood Rd		Amount of Each Disbursement this Period 1080.38 <b>Transaction ID : SB17.5793</b>
City Windham	State NH	
Zip Code 03087	Purpose of Disbursement June Pay	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:	

Full Name (Last, First, Middle Initial) <b>B. Zach Montanero</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014
Mailing Address 9 Glenwood Rd		Amount of Each Disbursement this Period 1080.37 <b>Transaction ID : SB17.5927</b>
City Windham	State NH	
Zip Code 03087	Purpose of Disbursement July Pay	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:	

Full Name (Last, First, Middle Initial) <b>c. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 379.00 <b>Transaction ID : SB17.5803</b>
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Web Hosting	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2539.75
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nation Builder</b>		Date of Disbursement
Mailing Address 448 S. Hill St. Suite 200		M M / D D / Y Y Y Y 07 / 14 / 2014
City Los Angeles	State CA	Zip Code 90013
Purpose of Disbursement Email Client	Candidate Name	Amount of Each Disbursement this Period 49.00
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:	<b>Transaction ID : SB17.5819</b>

Full Name (Last, First, Middle Initial) <b>B. Nation Builder</b>		Date of Disbursement
Mailing Address 448 S. Hill St. Suite 200		M M / D D / Y Y Y Y 08 / 11 / 2014
City Los Angeles	State CA	Zip Code 90013
Purpose of Disbursement Web Hosting	Candidate Name	Amount of Each Disbursement this Period 379.00
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:	<b>Transaction ID : SB17.5947</b>

Full Name (Last, First, Middle Initial) <b>c. Nation Builder</b>		Date of Disbursement
Mailing Address 448 S. Hill St. Suite 200		M M / D D / Y Y Y Y 08 / 14 / 2014
City Los Angeles	State CA	Zip Code 90013
Purpose of Disbursement Email Client	Candidate Name	Amount of Each Disbursement this Period 49.00
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:	<b>Transaction ID : SB17.5957</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	477.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. New Hampshire Department of Employment Security</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address PO Box 2058		Amount of Each Disbursement this Period 780.30 <b>Transaction ID : SB17.5913</b>
City Concord	State NH	
Zip Code 03301		Category/ Type
Purpose of Disbursement Unemployment compensation taxes		
Candidate Name <b>Marilinda Garcia for Congress</b>		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: 02	

Full Name (Last, First, Middle Initial) <b>B. Peter Parcek</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 297 Walnut Street		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.5805</b>
City Brookline	State MA	
Zip Code 02445		Category/ Type
Purpose of Disbursement Band		
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Park Ave Assets LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 1173A 2nd Avenue 3801		Amount of Each Disbursement this Period 915.00 <b>Transaction ID : SB17.5851</b>
City New York	State NY	
Zip Code 10065		Category/ Type
Purpose of Disbursement Fundraising		
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1995.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ray Patenaude</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1755 Briarwood Drive		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6627</b>
City Lansing	State MI	
Zip Code 48917	Purpose of Disbursement designs shirt logo, yard signs, palm cards	Category/ Type
Candidate Name <b>Marilinda Garcia for Congress</b>	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: NH District: 02	

Full Name (Last, First, Middle Initial) <b>B. Paypal</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.5825</b>
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Processing Fees	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:	

Full Name (Last, First, Middle Initial) <b>c. Printer's Square</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 105 Faltin Dr		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.5800</b>
City Manchester	State NH	
Zip Code 03103	Purpose of Disbursement Literature	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Printer's Square</b>		Date of Disbursement
Mailing Address 105 Faltin Dr		M M / D D / Y Y Y Y 07 / 21 / 2014
City Manchester	State NH	Zip Code 03103
Purpose of Disbursement Literature	Amount of Each Disbursement this Period 198.14	
Candidate Name	Transaction ID : SB17.5841	
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Printer's Square</b>		Date of Disbursement
Mailing Address 105 Faltin Dr		M M / D D / Y Y Y Y 07 / 30 / 2014
City Manchester	State NH	Zip Code 03103
Purpose of Disbursement Literature	Amount of Each Disbursement this Period 700.00	
Candidate Name	Transaction ID : SB17.5881	
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Printer's Square</b>		Date of Disbursement
Mailing Address 105 Faltin Dr		M M / D D / Y Y Y Y 08 / 12 / 2014
City Manchester	State NH	Zip Code 03103
Purpose of Disbursement Literature	Amount of Each Disbursement this Period 522.59	
Candidate Name	Transaction ID : SB17.5951	
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1420.73
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Residential Rentals</b>		M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 7 S State St STE 7		Amount of Each Disbursement this Period
City Concord State NH Zip Code 03301		800.00
Purpose of Disbursement July Rent		<b>Transaction ID : SB17.6494</b>
Candidate Name		Category/Type
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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Residential Rentals</b>		M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 7 S State St STE 7		Amount of Each Disbursement this Period
City Concord State NH Zip Code 03301		800.00
Purpose of Disbursement August rent		<b>Transaction ID : SB17.6481</b>
Candidate Name		Category/Type
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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>c. Run for the Lake</b>		M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address PO Box 2058		Amount of Each Disbursement this Period
City Elkins State NH Zip Code 03233		375.00
Purpose of Disbursement 5k		<b>Transaction ID : SB17.5833</b>
Candidate Name		Category/Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1975.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ryder Selmi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 314.80 <b>Transaction ID : SB17.5854</b>
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Milage	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:	

Full Name (Last, First, Middle Initial) <b>B. Ryder Selmi</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 174.20 <b>Transaction ID : SB17.5911</b>
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Milage	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:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 899.99 <b>Transaction ID : SB17.5945</b>
City Framingham	State MA	
Zip Code 01702	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1388.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 49.46
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5949
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 118.74
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement Office Supplies	Transaction ID : SB17.5979
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Strategic Media 21 Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 560 S. Winchester Blvd. 500		Amount of Each Disbursement this Period 1050.00
City San Jose	State CA	
Zip Code 95128	Purpose of Disbursement Media	Transaction ID : SB17.5812
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1218.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Strategic Media 21 Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 560 S. Winchester Blvd. 500		Amount of Each Disbursement this Period 1050.00 <b>Transaction ID : SB17.5926</b>
City San Jose State CA Zip Code 95128	Purpose of Disbursement Media	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Tom Szold</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 4597.90 <b>Transaction ID : SB17.5880</b>
City Manchester State NH Zip Code 03102	Purpose of Disbursement June Pay	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Tom Szold</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 4597.00 <b>Transaction ID : SB17.5946</b>
City Manchester State NH Zip Code 03102	Purpose of Disbursement July Pay	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10244.90
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Taxi Magic</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 5904 Richmond Hwy		Amount of Each Disbursement this Period 19.51 <b>Transaction ID : SB17.5877</b>
City Alexandria	State VA	
Zip Code 22303	Purpose of Disbursement Taxi	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:	

Full Name (Last, First, Middle Initial) <b>B. Taxi Magic</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 5904 Richmond Hwy		Amount of Each Disbursement this Period 19.10 <b>Transaction ID : SB17.5882</b>
City Alexandria	State VA	
Zip Code 22303	Purpose of Disbursement taxi	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:	

Full Name (Last, First, Middle Initial) <b>c. Ryan Tidwell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 21 Mountain Rd		Amount of Each Disbursement this Period 184.70 <b>Transaction ID : SB17.5910</b>
City Bedford	State NH	
Zip Code 03310	Purpose of Disbursement Two week Pay	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	223.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 70	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ryan Tidwell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 21 Mountain Rd		Amount of Each Disbursement this Period 184.70 <b>Transaction ID : SB17.6632</b>
City Bedford	State NH Zip Code 03310	
Purpose of Disbursement Two week paycheck		Category/ Type
Candidate Name <b>Marilinda Garcia for Congress</b>		
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: NH	District: 02	

Full Name (Last, First, Middle Initial) <b>B. United States Treasury Department</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 3976.27 <b>Transaction ID : SB17.6480</b>
City Cincinatti	State OH Zip Code 45280	
Purpose of Disbursement Withholding and payroll taxes		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:	

Full Name (Last, First, Middle Initial) <b>c. United States Treasury Department</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 4513.20 <b>Transaction ID : SB17.5907</b>
City Cincinatti	State OH Zip Code 45280	
Purpose of Disbursement Withholding and payroll taxes		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8674.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 446.20
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.5857</b>
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 396.20
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.5873</b>
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 420.70
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.5985</b>
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1263.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 70		
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 420.70 <b>Transaction ID : SB17.5986</b>
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Airfare	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:		

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 51 South Broadway		Amount of Each Disbursement this Period 49.00 <b>Transaction ID : SB17.5892</b>
City Salem	State NH Zip Code 03079	
Purpose of Disbursement Mail	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:		

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 51 South Broadway		Amount of Each Disbursement this Period 49.00 <b>Transaction ID : SB17.5954</b>
City Salem	State NH Zip Code 03079	
Purpose of Disbursement Mail	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	518.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 51 South Broadway		Amount of Each Disbursement this Period 122.50
City Salem	State NH	
Zip Code 03079	Purpose of Disbursement Mail	Transaction ID : SB17.5965
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Dante Vitagliano</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 1470.12
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement June Pay	Transaction ID : SB17.5777
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Dante Vitagliano</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 1470.13
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement July Pay	Transaction ID : SB17.5918
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3062.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 70			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dante Vitagliano</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 221.40 <b>Transaction ID : SB17.6635</b>
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Mileage voucher	Category/ Type
Candidate Name <b>Marilinda Garcia for Congress</b>	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: NH District: 02	

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 702 SW 8th St		Amount of Each Disbursement this Period 86.52 <b>Transaction ID : SB17.5813</b>
City Bentonville	State AR	
Zip Code 72716	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	307.92
<b>TOTAL</b> This Period (last page this line number only).....	114951.62