

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
JOHN CHAPMAN FOR CONGRESS

ADDRESS (number and street) 138 CONANT STREET
C/O RED CURVE SOLUTIONS
 Check if different than previously reported. (ACC) BEVERLY MA 01915

2. **FEC IDENTIFICATION NUMBER** C C00553917 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MA 09

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

(a) Quarterly Reports:

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

- Termination Report (TER)

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

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **BRADLEY T CRATE**

Signature of Treasurer BRADLEY T CRATE [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2014

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JOHN CHAPMAN FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	102466.00	108268.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	102466.00	108268.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	88871.07	101454.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	25.00	25.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	88846.07	101429.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	119421.93	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	112583.00	

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

JOHN CHAPMAN FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	92700.00	98400.00
(ii) Unitemized.....	8666.00	8768.00
(iii) TOTAL of contributions from individuals ▶	101366.00	107168.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1100.00	1100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	102466.00	108268.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	112583.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	112583.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	25.00	25.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	102491.00	220876.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	88871.07	101454.07
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	88871.07	101454.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	105802.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	102491.00
25. SUBTOTAL (add Line 23 and Line 24).....	208293.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	88871.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	119421.93

**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 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATHAN ABRAMOWITZ

Mailing Address 393 MELROSE PLACE

City SOUTH ORANGE State NJ Zip Code 07079

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

Name of Employer DUANE MORRIS LLP Occupation LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.5368

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MR. GEORGE L ALCOCK JR.

Mailing Address 105 CHERRY BROOK RD

City WESTON State MA Zip Code 02493

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

Name of Employer BECKWOOD SERVICES, INC. Occupation BUSINESS MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR. GEORGE L ALCOCK JR.

Mailing Address 105 CHERRY BROOK RD

City WESTON State MA Zip Code 02493

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

Name of Employer BECKWOOD SERVICES, INC. Occupation BUSINESS MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5486

Amount of Each Receipt this Period
 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 6 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK ATTARIAN

Mailing Address 15 JOHNSON ROAD

City ANDOVER State MA Zip Code 01810

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

Name of Employer RANDSTAD PROFESSIONALS US, LP Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 09 / 2014

Transaction ID : SA11AI.5299

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
CARINE AVAKIAN

Mailing Address 65 SOUTH ROAD

City BEDFORD State MA Zip Code 01730

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
 03 / 31 / 2014

Transaction ID : SA11AI.5460

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
ROBERT M AVAKIAN

Mailing Address 65 SOUTH ROAD

City BEDFORD State MA Zip Code 01730

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

Name of Employer FIRST COMMAND FINANCIAL PLANNING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.5321

Amount of Each Receipt this Period
 500.00

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 7 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. ROBERT L BEAL

Mailing Address 177 MILK STREET

City State Zip Code
BOSTON MA 02109

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

Name of Employer Occupation
RELATED BEAL REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5485

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER BONACCI

Mailing Address 6814 WEMBERLY WAY

City State Zip Code
MCLEAN VA 22101

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

Name of Employer Occupation
CHRISTOPHER BONACCI MD DDS ORAL SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DAVID BREAZZANO

Mailing Address 193 DUTTON ROAD

City State Zip Code
SUDBURY MA 01776

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

Name of Employer Occupation
DDJ CAPITAL MANAGEMENT LLC INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11AI.5352

Amount of Each Receipt this Period
2600.00

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

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

5700.00

**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 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SIDNEY BRESLER

Mailing Address 5836 MASSROCK DRIVE

City NORTH BETHESDA State MD Zip Code 20852

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

Name of Employer BRESLER FAMILY INVESTORS, LLC Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5451

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NORMAN BUCK

Mailing Address 2 JUNIPER ROAD

City ROWAYTON State CT Zip Code 06853

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

Name of Employer SELF - EMPLOYED Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.5440

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NORMA B BUCKLEY

Mailing Address 6607 LAKE WOODLANDS DR.
APARTMENT 433

City THE WOODLANDS State TX Zip Code 77382

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 Y Y
 01 / 13 / 2014

Transaction ID : SA11AI.5301

Amount of Each Receipt this Period
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 9 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JONATHAN BUSH JR.

Mailing Address 15 HUBBARD PARK DRIVE

City State Zip Code
CAMBRIDGE MA 02138

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

Name of Employer Occupation
ATHENA HEALTH PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.5365

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
DENNIS J CALCAGNO

Mailing Address 894 NANTASKET AVE

City State Zip Code
HULL MA 02045

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

Name of Employer Occupation
NEMA ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.5320

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DAVID CANTER

Mailing Address 64 FERNCROFT ROAD

City State Zip Code
WABAN MA 02468

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

Name of Employer Occupation
FIDELITY INVESTMENTS EXECUTIVE VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.5359

Amount of Each Receipt this Period
2600.00

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

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

5100.00

**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 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRADFORD CARD

Mailing Address 896 HELGA PLACE

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation
CARD & ASSOCIATES CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5474

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. C. WILLIAM CAREY

Mailing Address 2 AVERY STREET
UNIT 25

City State Zip Code
BOSTON MA 02111

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
 02 / 28 / 2014

Transaction ID : SA11AI.5377

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN CARNEY

Mailing Address 57 BERKELEY CIRCLE

City State Zip Code
BASKING RIDGE NJ 07920

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

Name of Employer Occupation
SELF-EMPLOYED 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
 02 / 13 / 2014

Transaction ID : SA11AI.5353

Amount of Each Receipt this Period
1000.00

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 11 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT C CHAMBERLAIN

Mailing Address **PO BOX 142**

City **SOUTH DENNIS** State **MA** Zip Code **02660**

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

Name of Employer **RUBIN & RUDMAN LLP** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.5311

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
EDMUND CHAPMAN

Mailing Address **19 CRAGGY ROCK STREET**

City **THE WOODLANDS** State **TX** Zip Code **77381**

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

Name of Employer **ENERGY INDUSTRY** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 02 / 2014

Transaction ID : SA11AI.5288

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM CHAPMAN

Mailing Address **1257 FRIENDSHIP ROAD**

City **WALDOBORO** State **ME** Zip Code **04572**

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

Name of Employer **SELF - EMPLOYED** Occupation **FISHERMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5459

Amount of Each Receipt this Period
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 12 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELIZABETH CHILDS

Mailing Address **157 WALNUT STREET**

City **BROOKLINE** State **MA** Zip Code **02445**

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

Name of Employer **SELF-EMPLOYED** Occupation **DOCTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5483

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAVID CLANCY

Mailing Address **23 HOLYOKE STREET
APARTMENT 3**

City **BOSTON** State **MA** Zip Code **02116**

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

Name of Employer **SKADDEN ARPS** Occupation **LAWYER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11AI.5383

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
FREDERIC M CLIFFORD

Mailing Address **P.O. BOX 188A, SHS**

City **DUXBURY** State **MA** Zip Code **02331**

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
01 / 15 / 2014

Transaction ID : SA11AI.5305

Amount of Each Receipt this Period
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 13 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FREDERIC M CLIFFORD

Mailing Address **P.O. BOX 188A, SHS**

City **DUXBURY** State **MA** Zip Code **02331**

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 **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5448

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JEFFREY CLIFFORD

Mailing Address **57 STONE MEADOW LANE**

City **HANOVER** State **MA** Zip Code **02339**

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

Name of Employer **THE LAW OFFICE OF JEFFREY K. CLIFFORD** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.5306

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MELVIN E CLOUSE

Mailing Address **59 MONMOUTH STREET**

City **BROOKLINE** State **MA** Zip Code **02446**

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 **2500.00**

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

Transaction ID : SA11AI.5287

Amount of Each Receipt this Period
2500.00

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

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

4000.00

**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 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. HOWARD COX

Mailing Address 15 CONGRESS STREET
APARTMENT MZ B6

City BOSTON State MA Zip Code 02109

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

Name of Employer GREYLOCK PARTNERS Occupation ADVISORY PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.5366

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
BRIAN DAY

Mailing Address 63 OLD ELM WAY

City HOPKINTON State MA Zip Code 01748

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

Name of Employer DAY ENTERPRISES INC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11AI.5293

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
RICHARD DENNING

Mailing Address 23 ELM ST.

City WELLESLEY State MA Zip Code 02481

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

Name of Employer SELF-EMPLOYED Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 13 / 2014

Transaction ID : SA11AI.5354

Amount of Each Receipt this Period
 2000.00

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

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

3250.00

**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 67
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. HENRY DICK		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address 392 BOXBERRY HILL ROAD		Transaction ID : SA11AI.5361	
City HATCHVILLE	State MA	Amount of Each Receipt this Period 500.00	
Zip Code 02536			
FEC ID number of contributing federal political committee. C			
Name of Employer GEOLOGY & GEOPHYSICS	Occupation SENIOR SCIENTIST		
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. MS. KIMBERLY A DWYER		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 38F SEVEN SPRINGS LANE		Transaction ID : SA11AI.5380	
City BURLINGTON	State MA	Amount of Each Receipt this Period 2600.00	
Zip Code 01803			
FEC ID number of contributing federal political committee. C			
Name of Employer ATLANTIC TRUST	Occupation MANAGING DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. MS. KIMBERLY A DWYER		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 38F SEVEN SPRINGS LANE		Transaction ID : SA11AI.5381	
City BURLINGTON	State MA	Amount of Each Receipt this Period 2400.00	
Zip Code 01803			
FEC ID number of contributing federal political committee. C			
Name of Employer ATLANTIC TRUST	Occupation MANAGING DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL 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 16 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SCOTT ELLIOTT		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 88 NORTH MAIN STREET		Transaction ID : SA11AI.5388
City State Zip Code BELLINGHAM MA 02019	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation WHITE MOUNTAINS CAPITAL ASSISTANT AUDIT DIRECTOR	Amount of Each Receipt this Period 250.00
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. ELINOR AGONIS FAGAN		Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 25 ISLAND ROCK		Transaction ID : SA11AI.5315
City State Zip Code PLYMOUTH MA 02360	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation RETIRED RETIRED	Amount of Each Receipt this Period 450.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) C. PETER FLAHERTY		Date of Receipt M M / D D / Y Y Y Y 01 / 05 / 2014
Mailing Address 8 ROCKMONT ROAD		Transaction ID : SA11AI.5290
City State Zip Code BELMONT MA 02478	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation THE SHAWMUT GROUP PRINCIPAL	Amount of Each Receipt this Period 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	3100.00

**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 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LINTON A FLUCK III

Mailing Address **64 EAST ORCHARD AVE**

City **PROVIDENCE** State **RI** Zip Code **02906**

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

Name of Employer **CB RICHARD ELLIS - NEW ENGLAND** 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
03 / 06 / 2014

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
AKIYO FUJII

Mailing Address **283 WOODWARD STREET**

City **WABAN** State **MA** Zip Code **02468**

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

Name of Employer **TUFTS UNIVERSITY** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11AI.5438

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GABRIEL GOMEZ

Mailing Address **59 HIGHLAND AVE**

City **COHASSET** State **MA** Zip Code **02025**

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

Name of Employer **ENTREPRENEUR** Occupation **ENTREPRENEUR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.5317

Amount of Each Receipt this Period
1000.00

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 18 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROGER GRAY

Mailing Address 300 ADAM ST.

City MILTON State MA Zip Code 02186

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

Name of Employer BANK OF AMERICA MERRILL LYNCH Occupation DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5456

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LIFEI GUO

Mailing Address 26 MONMOUTH STREET

City BROOKLINE State MA Zip Code 02446

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

Name of Employer LAHEY CLINIC Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.5341

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LIFEI GUO

Mailing Address 26 MONMOUTH STREET

City BROOKLINE State MA Zip Code 02446

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

Name of Employer LAHEY CLINIC Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.5343

Amount of Each Receipt this Period
2000.00

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

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

3500.00

**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 67
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) GEORGE HAMILTON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 417 CAUSEWAY STREET		Transaction ID : SA11AI.5447
City JEFFERSON	State MA	Zip Code 01522
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
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 500.00	

Full Name (Last, First, Middle Initial) TIMOTHY HARNED		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 71 MAUGUS AVENUE		Transaction ID : SA11AI.5382
City WELLESLEY	State MA	Zip Code 02481
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer AGC PARTNERS	Occupation BANKING	
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) NANCY HOLTZ		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address P.O.BOX 132		Transaction ID : SA11AI.5347
City WABAN	State MA	Zip Code 02468
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation MEDIATOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL 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 20 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT IX

Mailing Address 54 GREYLOCK ROAD

City State Zip Code
WELLESLEY MA 02481

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

Name of Employer Occupation
CRESTWOOD ADVISORS INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11AI.5307

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROBERT IX

Mailing Address 54 GREYLOCK ROAD

City State Zip Code
WELLESLEY MA 02481

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

Name of Employer Occupation
CRESTWOOD ADVISORS INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5422

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
STEVEN KANE

Mailing Address 111 YARMOUTH RD

City State Zip Code
BROOKLINE MA 02467

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

Name of Employer Occupation
LUCKYLABS INC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA11AI.5390

Amount of Each Receipt this Period
500.00

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 21 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEN KERN

Mailing Address 1195 BEACON STREET

City State Zip Code
BROOKLINE MA 02446

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

Name of Employer Occupation
CB RICHARD ELLIS - N.E. PARTNERS LP REAL ESTATE PROPERTY MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11AI.5431

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KEN KERN

Mailing Address 1195 BEACON STREET

City State Zip Code
BROOKLINE MA 02446

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

Name of Employer Occupation
CB RICHARD ELLIS - N.E. PARTNERS LP REAL ESTATE PROPERTY MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : SA11AI.5432

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PHILIP KHINDA

Mailing Address 3510 ORDWAY STREET NW

City State Zip Code
WASHINGTON DC 20016

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

Name of Employer Occupation
STEPTOE & JOHNSON LLP PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2014

Transaction ID : SA11AI.5345

Amount of Each Receipt this Period
1000.00

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 22 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

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

Mailing Address 16 CHESTNUT STREET

City WINCHESTER State MA Zip Code 01890

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

Name of Employer AMG Occupation GENERAL COUNSEL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MARK KRUDYS

Mailing Address 26 CRICKETT COURT

City RICHMOND State VA Zip Code 23229

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

Name of Employer PHELAN, KRUDYS, PETTY, PLC Occupation LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11AI.5294

Amount of Each Receipt this Period
 400.00

C. Full Name (Last, First, Middle Initial)
MARK KRUDYS

Mailing Address 26 CRICKETT COURT

City RICHMOND State VA Zip Code 23229

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

Name of Employer PHELAN, KRUDYS, PETTY, PLC Occupation LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11AI.5877

Amount of Each Receipt this Period
 1600.00

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

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

3000.00

**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 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK KRUDYS

Mailing Address **26 CRICKETT COURT**

City **RICHMOND** State **VA** Zip Code **23229**

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

Name of Employer **PHELAN, KRUDYS, PETTY, PLC** Occupation **LAWYER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.5408

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BARBARA LEWIS

Mailing Address **87 PINCKNEY ST.**

City **BOSTON** State **MA** Zip Code **02114**

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
03 / 31 / 2014

Transaction ID : SA11AI.5453

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
EARL LEWIS

Mailing Address **87 PINCKNEY ST.**

City **BOSTON** State **MA** Zip Code **02114**

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

Name of Employer **SELF-EMPLOYED** Occupation **DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5454

Amount of Each Receipt this Period
500.00

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 24 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSEPH MARAIA

Mailing Address 1226 ARBORETUM WAY

City BURLINGTON State MA Zip Code 01803

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

Name of Employer PIERCE ATWOOD LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.5378

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
DAVID MARTEL

Mailing Address 60 AMORY STREET

City BROOKLINE State MA Zip Code 02446

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

Name of Employer CUSHMAN & WAKEFIELD Occupation REAL ESTATE EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.5304

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
JEROME P MCDERMOTT

Mailing Address 94 POND STREET

City WESTWOOD State MA Zip Code 02090

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

Name of Employer MCDERMOTT - WELSH REALTY Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period
 100.00

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

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

3100.00

**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 67
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. TRAVIS METZ		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014	
Mailing Address 25 WHITING ROAD		Transaction ID : SA11AI.5371	
City WELLESLEY	State MA	Zip Code 02481	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer MCP	Occupation INVESTOR		
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. JOHN W MORRIS		Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2014	
Mailing Address 980 SOUTH STREET		Transaction ID : SA11AI.5316	
City NEEDHAM	State MA	Zip Code 02492	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer CRESTWOOD ADVISORS	Occupation MANAGING PARTNER		
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) C. JEFFREY NADANER		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 12107 GREENLEAF AVE		Transaction ID : SA11AI.5405	
City POTOMAC	State MD	Zip Code 20854	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer ENTREPRENEUR	Occupation ENTREPRENEUR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
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: PAGE 26 OF 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
F. FULLER O'CONNOR JR.

Mailing Address 38025 JOHN MOSBY HWY

City MIDDLEBURG State VA Zip Code 20117

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

Name of Employer EJF CAPITAL LLC Occupation PORTFOLIO MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.5435

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
JOHANN ODERMANN

Mailing Address PO BOX 1

City MENDHAM State NJ Zip Code 07945

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

Name of Employer AGENCY Occupation MARKETING CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.5358

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
CRAIG PESKIN

Mailing Address 58 MONMOUTH ST

City BROOKLINE State MA Zip Code 02446

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

Name of Employer HIGHFIELDS CAPITAL Occupation ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2014

Transaction ID : SA11AI.5369

Amount of Each Receipt this Period
 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 27 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. GARY PETERS

Mailing Address **21 WOODCHESTER DRIVE**

City **WESTON** State **MA** Zip Code **02493**

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

Name of Employer **WELLESLEY FINANCIAL GROUP** Occupation **FINANCIAL PLANNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.5427

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MARK PLOTKIN

Mailing Address **7527 HAMPDEN LN**

City **BETHESDA** State **MD** Zip Code **20814**

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

Name of Employer **COVINGTON & BURLING LLP** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : SA11AI.5339

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JINARA REYES

Mailing Address **66 GREENLEAF STREET
APARTMENT 33**

City **QUINCY** State **MA** Zip Code **02169**

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

Name of Employer **BOSTON UNIVERSITY** Occupation **DEVELOPMENT/ALUMNI RELATIONS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.5298

Amount of Each Receipt this Period
250.00

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 28 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GARY ROSSI

Mailing Address **6 ACCORD POND ROAD**

City **HINGHAM** State **MA** Zip Code **02043**

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

Name of Employer **FIDELITY** Occupation **SECURITY EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.5436

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CYNTHIA R RYAN

Mailing Address **8 BLACK HORSE LANE**

City **HINGHAM** State **MA** Zip Code **02043**

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.5318

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
EDWARD SCALLET

Mailing Address **2756 STEPHENSON LANE NW**

City **WASHINGTON** State **DC** Zip Code **20015**

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

Name of Employer **GROOM LAW GROUP, CHTD.** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5455

Amount of Each Receipt this Period
250.00

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 29 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRIAN SHORTSLEEVE

Mailing Address 61 AUDUBON ROAD

City State Zip Code
WELLESLEY MA 02481

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GENERAL CATALYST VENTURE CAPITAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5355

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MARTIN SHULKIN

Mailing Address 1003 WISTERIA WAY

City State Zip Code
WAYLAND MA 01778

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DUANE MORRIS LLP PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5445

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ROBERT SILVERSTEIN

Mailing Address PO BOX 86

City State Zip Code
MILTON MA 02186

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HAIRCUTS, LTD. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5441

Amount of Each Receipt this Period

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

TOTAL 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 30 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARDWICK SIMMONS

Mailing Address 83 HAMMETT'S COVE ROAD

City State Zip Code
MARION MA 02738

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
01 / 06 / 2014

Transaction ID : SA11AI.5292

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. JOHN R. SIPHRON

Mailing Address 111 COURT STREET

City State Zip Code
DEDHAM MA 02026

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

Name of Employer Occupation
CAPITAS FINANCIAL, INC. SALES VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.5360

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
YONGJUN SONG

Mailing Address PO BOX 1064

City State Zip Code
BREWSTER MA 02631

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5446

Amount of Each Receipt this Period
500.00

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 31 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES SPIES

Mailing Address 736 N COLUMBUS ST

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation
CLARK HILL PLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.5433

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
THOMAS SPORKIN

Mailing Address 6309 POE ROAD

City State Zip Code
BETHESDA MD 20817

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

Name of Employer Occupation
BUCKLEYSANDLER LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.5402

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DAVID STAPLES

Mailing Address P.O. BOX 5637

City State Zip Code
HANOVER NH 03755

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

Name of Employer Occupation
WHITE MOUNTAINS CAPITAL, INC. MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 03 / 2014

Transaction ID : SA11AI.5289

Amount of Each Receipt this Period
2600.00

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

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

3100.00

**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 32 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS STEMBERG

Mailing Address **6 ALWYNGTON ROAD**

City **CHESTNUT HILL** State **MA** Zip Code **02467**

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

Name of Employer **HIGHLAND CAPITAL** Occupation **INVESTING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.5363

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CHARLES STIMSON

Mailing Address **5950 RIVER RIDGE ROAD**

City **FREDERICK** State **MD** Zip Code **21704**

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

Name of Employer **THE HERITAGE FOUNDATION** 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
03 / 31 / 2014

Transaction ID : SA11AI.5467

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BILL STORFF

Mailing Address **MORRIS ISLAND RD**

City **CHATHAM** State **MA** Zip Code **02633**

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

Name of Employer **PINE ACRES REALTY** Occupation **SALES CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.5396

Amount of Each Receipt this Period
400.00

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

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

2400.00

**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 67
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) DAVID TAMASI		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 5435 30TH PL NW		Transaction ID : SA11AI.5407	
City WASHINGTON	State DC	Zip Code 20015	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		_____ C	
Name of Employer RASKY BAERLEIN	Occupation GOVERNMENT RELATIONS		
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) ALEXANDER TENNANT		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 25 RAILROAD AVE.		Transaction ID : SA11AI.5399	
City SWAMPSCOTT	State MA	Zip Code 01907	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C	
Name of Employer NESDC/NEFILIM	Occupation MANAGING PARTNER		
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) DAIN TRAFTON		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 135 TORY HILL ROAD		Transaction ID : SA11AI.5373	
City PHILLIPS	State ME	Zip Code 04966	Amount of Each Receipt this Period _____ 250.00
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 _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1750.00
TOTAL 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 34 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ADAM VERNADAKIS

Mailing Address 276 UPHAM ST

City MELROSE State MA Zip Code 02176

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

Name of Employer LAHEY CLINIC Occupation SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.5404

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
RUFUS WARD

Mailing Address 7 MANOR PARKWAY

City SALEM State NH Zip Code 03079

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

Name of Employer GPD OPTOELECTRONICS CORP. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2014

Transaction ID : SA11AI.5379

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
GREGORY J WHITE

Mailing Address 21 MCGRATH HIGHWAY SUITE 501

City QUINCY State MA Zip Code 02169

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

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.5313

Amount of Each Receipt this Period
 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 35 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT WHITE

Mailing Address 23 CHADWICK ROAD

City WESTON State MA Zip Code 02493

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

Name of Employer BAIN AND CO. Occupation PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.5439

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
ROBERT WHITE

Mailing Address 23 CHADWICK ROAD

City WESTON State MA Zip Code 02493

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

Name of Employer BAIN AND CO. Occupation PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.5442

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
COLEEN WILSON

Mailing Address 11405 SKIPWITH LANE

City POTOMAC State MD Zip Code 20854

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

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period
 2600.00

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

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

7800.00

**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 36 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) COLEEN WILSON		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 11405 SKIPWITH LANE		Transaction ID : SA11AI.5429	
City POTOMAC	State MD	Amount of Each Receipt this Period 2600.00	
Zip Code 20854			
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) NEAL WILSON		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address 11405 SKIPWITH LANE		Transaction ID : SA11AI.5302	
City POTOMAC	State MD	Amount of Each Receipt this Period 2600.00	
Zip Code 20854			
FEC ID number of contributing federal political committee. C			
Name of Employer EJF CAPITAL LLC	Occupation FINANCE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) NEAL WILSON		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address 11405 SKIPWITH LANE		Transaction ID : SA11AI.5303	
City POTOMAC	State MD	Amount of Each Receipt this Period 2600.00	
Zip Code 20854			
FEC ID number of contributing federal political committee. C			
Name of Employer EJF CAPITAL LLC	Occupation FINANCE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL 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 37 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT WORSFOLD

Mailing Address **187 MAIN STREET**

City **WENHAM** State **MA** Zip Code **01984**

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

Name of Employer **FINANCIAL ENGINES, INC** 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 Y Y
01 / 27 / 2014

Transaction ID : SA11AI.5319

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARC DANIEL ZIMMAN

Mailing Address **20 CHAPEL STREET
APARTMENT C901**

City **BROOKLINE** State **MA** Zip Code **02446**

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

Name of Employer **HIGHBRIDGE CAPITAL** Occupation **INVESTMENT MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.5340

Amount of Each Receipt this Period
2600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 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).....

3600.00

92700.00

**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 38 OF 67
	<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)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DUANE MORRIS GOVERNMENT COMMITTEE

Mailing Address 30 SOUTH 17TH STREET

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00364133

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
 02 / 24 / 2014

Transaction ID : SA11C.5370

Amount of Each Receipt this Period
 1000.00

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).....

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAROLINE ALCOCK		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 35 MYRTLE STREET APT 1		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5831
City BOSTON State MA Zip Code 02114	Purpose of Disbursement PAYROLL	
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. CAROLINE ALCOCK		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 35 MYRTLE STREET APT 1		Amount of Each Disbursement this Period 201.08 Transaction ID : SB17.5798
City BOSTON State MA Zip Code 02114	Purpose of Disbursement OFFICE SUPPLIES REIMBURSEMENT:SEE MEMO ENTRIES	
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) C. CAROLINE ALCOCK		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 35 MYRTLE STREET APT 1		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5834
City BOSTON State MA Zip Code 02114	Purpose of Disbursement PAYROLL	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4201.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAROLINE ALCOCK			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address 35 MYRTLE STREET APT 1			Amount of Each Disbursement this Period 2000.00	
City BOSTON	State MA	Zip Code 02114	Transaction ID : SB17.5838	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	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. CAROLINE ALCOCK			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 35 MYRTLE STREET APT 1			Amount of Each Disbursement this Period 2000.00	
City BOSTON	State MA	Zip Code 02114	Transaction ID : SB17.5843	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	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) C. CAROLINE ALCOCK			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 35 MYRTLE STREET APT 1			Amount of Each Disbursement this Period 2000.00	
City BOSTON	State MA	Zip Code 02114	Transaction ID : SB17.5848	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BUILDASIGN.COM		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 11525A STONEHOLLOW DRIVE SUITE 100		Amount of Each Disbursement this Period 220.00
City AUSTIN State TX Zip Code 78758	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.5887
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	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. CAPE CODDER RESORT & SPA		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 1225 LYANNOUGH ROAD		Amount of Each Disbursement this Period 923.14
City HYANNIS State MA Zip Code 02601	Purpose of Disbursement FACILITY RENTAL/CATERING	
Candidate Name		Transaction ID : SB17.5812
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) C. JOHN C CHAPMAN		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 81 HOLWAY STREET		Amount of Each Disbursement this Period 220.00
City CHATHAM State MA Zip Code 02633	Purpose of Disbursement OFFICE SUPPLIES REIMBURSEMENT:SEE MEMO ENTRIES	
Candidate Name		Transaction ID : SB17.5799
Office Sought: <input checked="" 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: MA District: 09	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1143.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CONNOLLY PRINTING, LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 17 GILL STREET			Amount of Each Disbursement this Period 1294.13	
City WOBURN	State MA	Zip Code 01801	Transaction ID : SB17.5814	
Purpose of Disbursement PRINTING & DESIGN SERVICES		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. CONNOLLY PRINTING, LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 17 GILL STREET			Amount of Each Disbursement this Period 430.31	
City WOBURN	State MA	Zip Code 01801	Transaction ID : SB17.5815	
Purpose of Disbursement PRINTING & DESIGN SERVICES		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) C. CORNERSTONES			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014	
Mailing Address 96 NORTH MAIN STREET			Amount of Each Disbursement this Period 42.31	
City CARVER	State MA	Zip Code 02330	Transaction ID : SB17.5870	
Purpose of Disbursement VOCI REIMBURSEMENT:TRAVEL:FOOD		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1724.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DANIEL WEBSTER INN		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 149 MAIN STREET		Amount of Each Disbursement this Period 34.01
City SANDWICH State MA Zip Code 02563	Purpose of Disbursement OSHEA REIMBURSEMENT:TRAVEL:FOOD	
Candidate Name		Transaction ID : SB17.5859 [MEMO ITEM]
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. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 1050 MASSACHUSETTS 28		Amount of Each Disbursement this Period 4.47
City SOUTH YARMOUTH State MA Zip Code 02664	Purpose of Disbursement OSHEA REIMBURSEMENT:TRAVEL:FOOD	
Candidate Name		Transaction ID : SB17.5866 [MEMO ITEM]
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) C. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 232.40
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Transaction ID : SB17.5833
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	

SUBTOTAL of Disbursements This Page (optional).....	232.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 67			
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. EPAY BUSINESS SOLUTIONS INC

Mailing Address 27A MIDSTATE DR
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement PAYROLL SERVICES/TAX

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2014

Amount of Each Disbursement this Period: 510.63

Transaction ID : SB17.5836

Full Name (Last, First, Middle Initial)
B. EPAY BUSINESS SOLUTIONS INC

Mailing Address 27A MIDSTATE DR
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement PAYROLL SERVICES/TAX

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2014

Amount of Each Disbursement this Period: 35.30

Transaction ID : SB17.5837

Full Name (Last, First, Middle Initial)
C. EPAY BUSINESS SOLUTIONS INC

Mailing Address 27A MIDSTATE DR
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement PAYROLL SERVICES/TAX

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 13 / 2014

Amount of Each Disbursement this Period: 36.70

Transaction ID : SB17.5841

SUBTOTAL of Disbursements This Page (optional) 582.63

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 67			
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014		
Mailing Address 27A MIDSTATE DR SUITE 218			Amount of Each Disbursement this Period 637.99		
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.5842		
Purpose of Disbursement PAYROLL SERVICES/TAX		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. EPAY BUSINESS SOLUTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014		
Mailing Address 27A MIDSTATE DR SUITE 218			Amount of Each Disbursement this Period 850.98		
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.5846		
Purpose of Disbursement PAYROLL SERVICES/TAX		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) C. EPAY BUSINESS SOLUTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014		
Mailing Address 27A MIDSTATE DR SUITE 218			Amount of Each Disbursement this Period 36.70		
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.5847		
Purpose of Disbursement PAYROLL SERVICES/TAX		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1525.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 974.43
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Transaction ID : SB17.5852
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. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 38.10
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Transaction ID : SB17.5853
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) C. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 1601 S. CALIFORNIA AVE.		Amount of Each Disbursement this Period 30.00
City PALO ALTO State CA Zip Code 94304	Purpose of Disbursement WEB ADVERTISING	
Candidate Name		Transaction ID : SB17.5884
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	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	1012.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 67			
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FRUIT CENTER			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014		
Mailing Address 10 BASSETT STREET			Amount of Each Disbursement this Period 5.66		
City MILTON	State MA	Zip Code 02186	Transaction ID : SB17.5863 [MEMO ITEM]		
Purpose of Disbursement OSHEA REIMBURSEMENT:TRAVEL:FOOD		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. FUNDRAISE.COM INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014		
Mailing Address 205 PORTLAND STREET SUITE 500			Amount of Each Disbursement this Period 840.60		
City BOSTON	State MA	Zip Code 02114	Transaction ID : SB17.5816		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) C. FUNDRAISE.COM INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014		
Mailing Address 205 PORTLAND STREET SUITE 500			Amount of Each Disbursement this Period 25.00		
City BOSTON	State MA	Zip Code 02114	Transaction ID : SB17.5875		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	865.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOLTZMAN VOGEL JOSEFIK PLLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 45 NORTH HILL DRIVE SUITE 100			Amount of Each Disbursement this Period 3025.00 Transaction ID : SB17.5818
City WARRENTON	State VA	Zip Code 20186	
Purpose of Disbursement LEGAL CONSULTING		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. HOLTZMAN VOGEL JOSEFIK PLLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 45 NORTH HILL DRIVE SUITE 100			Amount of Each Disbursement this Period 6733.75 Transaction ID : SB17.5819
City WARRENTON	State VA	Zip Code 20186	
Purpose of Disbursement LEGAL CONSULTING		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) C. LOCKTON AFFINITY, LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address P.O. BOX 87-9610			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5820
City KANSAS CITY	State MO	Zip Code 64187	
Purpose of Disbursement INSURANCE		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:	

SUBTOTAL of Disbursements This Page (optional).....	10258.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 67			
	<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)
JOHN CHAPMAN FOR CONGRESS

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

Mailing Address 85 MERRIMAC ST.
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement OSHEA REIMBURSEMENT:EVENT REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.5862

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. M STREET INSIGHT, LLC

Mailing Address 3039 M STREET NW
3

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 25 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.5821

Full Name (Last, First, Middle Initial)
C. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City MILTON State MA Zip Code 02186

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2014

Amount of Each Disbursement this Period: 2394.36

Transaction ID : SB17.5835

SUBTOTAL of Disbursements This Page (optional) 7394.36

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEVIN O'SHEA		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 275.20 Transaction ID : SB17.5800
City MILTON State MA Zip Code 02186	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL EXPENSES:MILEAGE/PARKING	
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. KEVIN O'SHEA		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 127.47 Transaction ID : SB17.5801
City MILTON State MA Zip Code 02186	Purpose of Disbursement TRAVEL:SEE MEMO ENTRIES	
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) C. KEVIN O'SHEA		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 1875.00 Transaction ID : SB17.5839
City MILTON State MA Zip Code 02186	Purpose of Disbursement PAYROLL	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2277.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEVIN O'SHEA		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.5802
City MILTON	State MA	
Zip Code 02186	Purpose of Disbursement WEB ADVERTISING REIMBURSEMENT:SEE MEMO ENTRIES	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. KEVIN O'SHEA		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 102.75 Transaction ID : SB17.5803
City MILTON	State MA	
Zip Code 02186	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL EXPENSES:MILEAGE/PARKING	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) C. KEVIN O'SHEA		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 108.96 Transaction ID : SB17.5804
City MILTON	State MA	
Zip Code 02186	Purpose of Disbursement TRAVEL:SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	241.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEVIN O'SHEA		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 1875.00 Transaction ID : SB17.5844
City MILTON	State MA	
Zip Code 02186	Purpose of Disbursement PAYROLL	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. KEVIN O'SHEA		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5805
City MILTON	State MA	
Zip Code 02186	Purpose of Disbursement MOBILE PHONE EXPENSE:SEE MEMO ENTRIES	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) C. KEVIN O'SHEA		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 1875.00 Transaction ID : SB17.5849
City MILTON	State MA	
Zip Code 02186	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEVIN O'SHEA		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 121.67 Transaction ID : SB17.5806
City MILTON State MA Zip Code 02186	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL EXPENSES:MILEAGE/PARKING	
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. KEVIN O'SHEA		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 34 HOLLIS STREET		Amount of Each Disbursement this Period 105.22 Transaction ID : SB17.5807
City MILTON State MA Zip Code 02186	Purpose of Disbursement TRAVEL:SEE MEMO ENTRIES	
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) C. ROBERT OLIVER		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 20 BRADFORD ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.5851
City DUXBURY State MA Zip Code 02332	Purpose of Disbursement PAYROLL	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1476.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PANERA BREAD		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 8 STEEPLE STREET		Amount of Each Disbursement this Period 5.02
City MASHPEE State MA Zip Code 02649	Purpose of Disbursement OSHEA REIMBURSEMENT:TRAVEL:FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.5858 [MEMO ITEM]
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. PEOPLE'S SEAT PAC		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 85 MERRIMAC STREET SUITE 400		Amount of Each Disbursement this Period 237.00
City BOSTON State MA Zip Code 02114	Purpose of Disbursement LIST RENTAL	
Candidate Name	Category/Type	Transaction ID : SB17.5822
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) C. PILGRIM BAY INSURANCE AGENCY, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO BOX 65		Amount of Each Disbursement this Period 783.00
City WORCESTER State MA Zip Code 01613	Purpose of Disbursement INSURANCE	
Candidate Name	Category/Type	Transaction ID : SB17.5823
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1020.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 67			
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 138 CONANT STREET			Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.5824
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING		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. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 138 CONANT STREET			Amount of Each Disbursement this Period 2426.18 Transaction ID : SB17.5825
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING		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) C. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 138 CONANT STREET			Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.5826
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING		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:	

SUBTOTAL of Disbursements This Page (optional).....	7226.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 364 BARNSTABLE ROAD		Amount of Each Disbursement this Period 201.08
City HYANNIS	State MA	
Zip Code 02601	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.5882
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 364 BARNSTABLE ROAD		Amount of Each Disbursement this Period 38.23
City HYANNIS	State MA	
Zip Code 02601	Purpose of Disbursement OSHEA REIMBURSEMENT:OFFICE SUPPLIES	Transaction ID : SB17.5860
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address 364 BARNSTABLE ROAD		Amount of Each Disbursement this Period 94.03
City HYANNIS	State MA	
Zip Code 02601	Purpose of Disbursement OSHEA REIMBURSEMENT:OFFICE SUPPLIES	Transaction ID : SB17.5864
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)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address 364 BARNSTABLE ROAD		Amount of Each Disbursement this Period 1.06
City HYANNIS	State MA	
Zip Code 02601	Purpose of Disbursement OSHEA REIMBURSEMENT:OFFICE SUPPLIES	Transaction ID : SB17.5865
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SWIFTCURRENT STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 186 CABOT STREET		Amount of Each Disbursement this Period 3950.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement WEB DEVELOPMENT	Transaction ID : SB17.5827
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) C. THE BRITISH BEER COMPANY		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 412 MAIN STREET		Amount of Each Disbursement this Period 50.21
City CAPE COD	State MA	
Zip Code 02601	Purpose of Disbursement OSHEA REIMBURSEMENT:TRAVEL:FOOD	Transaction ID : SB17.5857
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE BRITISH BEER COMPANY			Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address 412 MAIN STREET			Amount of Each Disbursement this Period 60.22	
City CAPE COD	State MA	Zip Code 02601	Transaction ID : SB17.5871 [MEMO ITEM]	
Purpose of Disbursement VOCI REIMBURSEMENT:TRAVEL:FOOD		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. THE ORIGINAL GOURMET BRUNCH			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 517 MAIN STREET			Amount of Each Disbursement this Period 43.08	
City HYANNIS PORT	State MA	Zip Code 02601	Transaction ID : SB17.5869 [MEMO ITEM]	
Purpose of Disbursement VOCI REIMBURSEMENT:TRAVEL:FOOD		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) C. THE SHAWMUT GROUP			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014	
Mailing Address 675 VFW PARKWAY			Amount of Each Disbursement this Period 8333.00	
City CHESTNUT HILL	State MA	Zip Code 02467	Transaction ID : SB17.5828	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	8333.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 67			
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE SHAWMUT GROUP			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014		
Mailing Address 675 VFW PARKWAY			Amount of Each Disbursement this Period 8300.00		
City CHESTNUT HILL	State MA	Zip Code 02467	Transaction ID : SB17.5829		
Purpose of Disbursement STRATEGY CONSULTING		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. THE SHAWMUT GROUP			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014		
Mailing Address 675 VFW PARKWAY			Amount of Each Disbursement this Period 8300.00		
City CHESTNUT HILL	State MA	Zip Code 02467	Transaction ID : SB17.5830		
Purpose of Disbursement STRATEGY CONSULTING		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) C. VERIZON			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 859 BROADWAY			Amount of Each Disbursement this Period 50.00		
City NEW YORK	State NY	Zip Code 10003	Transaction ID : SB17.5867		
Purpose of Disbursement OSHEA REIMBURSEMENT:MOBILE PHONE EXPENSE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	16600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 859 BROADWAY		Amount of Each Disbursement this Period 50.00
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement OSHEA REIMBURSEMENT:MOBILE PHONE EXPENSE	Transaction ID : SB17.5868 [MEMO ITEM]
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. VISTA PRINT		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address 95 HAYDEN AVE		Amount of Each Disbursement this Period 58.96
City LEXINGTON	State MA	
Zip Code 02421	Purpose of Disbursement OSHEA REIMBURSEMENT:PRINTING & DESIGN SERVICES	Transaction ID : SB17.5861 [MEMO ITEM]
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) C. VINCE VOICI		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 391 CURRIER ROAD		Amount of Each Disbursement this Period 3500.00
City EAST FALMOUTH	State MA	
Zip Code 02536	Purpose of Disbursement PAYROLL	Transaction ID : SB17.5845
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:		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 67			
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VINCE VOCI			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 391 CURRIER ROAD			Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.5850
City EAST FALMOUTH	State MA	Zip Code 02536	
Purpose of Disbursement PAYROLL		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. VINCENT VOCI			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 391 CURRIER ROAD			Amount of Each Disbursement this Period 1615.51 Transaction ID : SB17.5840
City EAST FALMOUTH	State MA	Zip Code 02536	
Purpose of Disbursement PAYROLL		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) C. VINCENT VOCI			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 391 CURRIER ROAD			Amount of Each Disbursement this Period 60.22 Transaction ID : SB17.5808
City EAST FALMOUTH	State MA	Zip Code 02536	
Purpose of Disbursement TRAVEL:SEE MEMO ENTRIES		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:	

SUBTOTAL of Disbursements This Page (optional).....	5175.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 67	
	<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)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VINCENT VOICI		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 391 CURRIER ROAD		Amount of Each Disbursement this Period 85.39
City EAST FALMOUTH	State MA Zip Code 02536	
Purpose of Disbursement TRAVEL:SEE MEMO ENTRIES	Category/Type	Transaction ID : SB17.5809
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. VINCENT VOICI		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 391 CURRIER ROAD		Amount of Each Disbursement this Period 40.00
City EAST FALMOUTH	State MA Zip Code 02536	
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL EXPENSES:MILEAGE/PARKING	Category/Type	Transaction ID : SB17.5810
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	125.39
TOTAL This Period (last page this line number only).....	88717.17

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4150

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN

Primary

General

Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4000.00

0.00

4000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 07 D /

Y 2013 Y

M M /

D D /

Y 12/31/2014 Y

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

4000.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4151

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN

Primary

General

Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

8333.00

0.00

8333.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 23 D /

Y 2013 Y

M M /

D D /

Y 12/31/2014 Y

0.00 % (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

8333.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4152

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN

Primary

General

Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

125.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

125.00

TERMS

Date Incurred

M 12 / D 26 / Y 2013

Date Due

M / D / Y 12/31/2014

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

125.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4153

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN

Primary

General

Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

125.00

0.00

125.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
12 / 27 / 2013

M M / D D / Y Y Y Y
12/31/2014

0.00 % (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

125.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOHN CHAPMAN FOR CONGRESS** Transaction ID : **SC/10.4149**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
JOHN C. CHAPMAN Primary
 Mailing Address General
 81 HOLWAY STREET Other (specify) ▼

City State ZIP Code
 CHATHAM MA 02633

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 30 / Y 2013	M / D / Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	100000.00
TOTALS This Period (last page in this line only).....	▶	112583.00

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