

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

DeFranco for Congress

ADDRESS (number and street)

PO Box 103

Check if different
than previously
reported. (ACC)

Middleton

MA

01949

2. FEC IDENTIFICATION NUMBER ▼

C

C00547257

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MA

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2014

through

M M / D D / Y Y Y Y
06 / 30 / 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 Kai Moy

Signature of Treasurer

Kai Moy

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 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**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

DeFranco for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	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))....	11463.98	24866.00
(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))	11463.98	24866.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12460.55	2037.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	12460.55	2037.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	30463.99	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

DeFranco for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

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).....

6703.98

16323.00

(ii) Unitemized.....

4574.00

8543.00

(iii) TOTAL of contributions from individuals ▶

11277.98

24866.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

186.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

11463.98

24866.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

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)..... ▶

11463.98

24866.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12460.55	2037.75
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) ►	12460.55	2037.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	31460.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11463.98
25. SUBTOTAL (add Line 23 and Line 24).....	42924.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12460.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30463.99

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

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

FOR LINE NUMBER:

PAGE 5 OF 25

(check only one)

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

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)
DeFranco for Congress

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

Mailing Address **PO Box 3100**

City **Palos Verdes** State **CA** Zip Code **90274**

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

Name of Employer **Self** Occupation **Maritime Consultant**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Charles Bardo

Mailing Address **11637 S Hudson Ct**

City **Tulsa** State **OK** Zip Code **74137**

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

Name of Employer **CCS, LP** Occupation **Chairman**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : SA11AI.5057

Amount of Each Receipt this Period

300.00

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

Mailing Address **60 Heath Street**

City **Brookline** State **MA** Zip Code **02445**

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

Name of Employer **None** Occupation **None**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5079

Amount of Each Receipt this Period

200.00

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

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

600.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 25

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial) Patricia Berger		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 60 Heath Street		Transaction ID : SA11AI.5083	
City Brookline	State MA	Zip Code 02445	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation None		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) Hale Bradt		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 11 Church St Unit 201		Transaction ID : SA11AI.4926	
City Salem	State MA	Zip Code 01970	Amount of Each Receipt this Period 65.00
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 3117.80		
C. Full Name (Last, First, Middle Initial) Hale Bradt		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2014	
Mailing Address 11 Church St Unit 201		Transaction ID : SA11AI.4962	
City Salem	State MA	Zip Code 01970	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 3367.80		
SUBTOTAL of Receipts This Page (optional).....		415.00	
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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

Full Name (Last, First, Middle Initial)

Charles Campagne

Mailing Address 21 Niagara Pier

City	State	Zip Code
Erie	PA	16507

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2014

Transaction ID : SA11AI.5031

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Joseph Chessario

Mailing Address 5136 Wolf Run Village Lane

City	State	Zip Code
Erie	PA	16505

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

Transaction ID : SA11AI.5035

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

James Clark

Mailing Address 48 East Street

City	State	Zip Code
Ipswich	MA	01938

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period

50.00

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial) James Clark		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 48 East Street		Transaction ID : SA11AI.4986	
City Ipswich	State MA	Zip Code 01938	Amount of Each Receipt this Period _____ 50.00
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 _____ 1300.00		
B. Full Name (Last, First, Middle Initial) James Clark		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 48 East Street		Transaction ID : SA11AI.5073	
City Ipswich	State MA	Zip Code 01938	Amount of Each Receipt this Period _____ 50.00
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 _____ 1350.00		
C. Full Name (Last, First, Middle Initial) Peter Coleman		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 4005 Gulf Shore Blvd No.		Transaction ID : SA11AI.5006	
City Naples	State FL	Zip Code 34103	Amount of Each Receipt this Period _____ 100.00
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 _____ 350.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 200.00	
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:

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(check only one)

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

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial) Judith Conrad		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 106 Warburton St.		Transaction ID : SA11AI.5074	
City	State	Zip Code	
Fall River	MA	02720	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer Self		Occupation Musician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
B. Full Name (Last, First, Middle Initial) Margaret Flynn		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2014	
Mailing Address 7 Devon Drive		Transaction ID : SA11AI.4936	
City	State	Zip Code	
Acton	MA	01720	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Retired		Occupation None	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
C. Full Name (Last, First, Middle Initial) Maura Flynn		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 18 Patti Lane		Transaction ID : SA11AI.5087	
City	State	Zip Code	
Maynard	MA	01754	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 38.98 In-kind -	
Name of Employer None		Occupation Nurse	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 538.98	
SUBTOTAL of Receipts This Page (optional).....		388.98	
TOTAL This Period (last page this line number only).....			

FOR LINE NUMBER:		PAGE 10 OF 25	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

NAME OF COMMITTEE (In Full)
DeFranco for Congress

Full Name (Last, First, Middle Initial)
Elizabeth Fragola

06 / 19 / 2014

Transaction ID : SA11AI.5115

C	
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200.00

In-kind -

Election Cycle-to-Date

Category	Value
Category 1	~100
Category 2	~100
Category 3	~100
Category 4	~100
Category 5	~100
Category 6	~100
Category 7	~100
Category 8	~100
Category 9	~100
Category 10	~100
Category 11	~100
Category 12	~100
Category 13	~100
Category 14	~100
Category 15	~100
Category 16	~100
Category 17	~100
Category 18	~100
Category 19	~100
Category 20	~100
Category 21	~100
Category 22	~100
Category 23	~100
Category 24	~100
Category 25	~100
Category 26	~100
Category 27	~100
Category 28	~100
Category 29	~100
Category 30	~100
Category 31	~100
Category 32	~100
Category 33	~100
Category 34	~100
Category 35	~100
Category 36	~100
Category 37	~100
Category 38	~100
Category 39	~100
Category 40	~100
Category 41	~100
Category 42	~100
Category 43	~100
Category 44	~100
Category 45	~100
Category 46	~100
Category 47	~100
Category 48	~100
Category 49	~100
Category 50	~100
Category 51	~100
Category 52	~100
Category 53	~100
Category 54	~100
Category 55	~100
Category 56	~100
Category 57	~100
Category 58	~100
Category 59	~100
Category 60	~100
Category 61	~100
Category 62	~100
Category 63	~100
Category 64	~100
Category 65	~100
Category 66	~100
Category 67	~100
Category 68	~100
Category 69	~100
Category 70	~100
Category 71	~100
Category 72	~100
Category 73	~100
Category 74	~100
Category 75	~100
Category 76	~100
Category 77	~100
Category 78	~100
Category 79	~100
Category 80	~100
Category 81	~100
Category 82	~100
Category 83	~100
Category 84	~100
Category 85	~100
Category 86	~100
Category 87	~100
Category 88	~100
Category 89	~100
Category 90	~100
Category 91	~100
Category 92	~100
Category 93	~100
Category 94	~100
Category 95	~100
Category 96	~100
Category 97	~100
Category 98	~100
Category 99	~100
Category 100	~100

Full Name (Last, First, Middle Initial)
Elizabeth Fragola

M M / D D / Y Y Y Y
06 24 2014

Transaction ID : SA11AL5033

C

200.00

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)
Elizabeth Fragola

M M / D D / Y Y Y Y Y Y
06 30 2014

Transaction ID : SA11AI.5084

C

500.00

Election Cycle-to-Date

Year	Percentage
1900	0
1901	10
1902	20
1903	30
1904	40
1905	50
1906	60
1907	70
1908	80
1909	90
1910	100
1911	0
1912	10
1913	20
1914	30
1915	40
1916	50
1917	60
1918	70
1919	80
1920	90
1921	100
1922	0
1923	10
1924	20
1925	30
1926	40
1927	50
1928	60
1929	70
1930	80
1931	90
1932	100
1933	0
1934	10
1935	20
1936	30
1937	40
1938	50
1939	60
1940	70
1941	80
1942	90
1943	100
1944	0
1945	10
1946	20
1947	30
1948	40
1949	50
1950	60
1951	70
1952	80
1953	90
1954	100
1955	0
1956	10
1957	20
1958	30
1959	40
1960	50
1961	60
1962	70
1963	80
1964	90
1965	100
1966	0
1967	10
1968	20
1969	30
1970	40
1971	50
1972	60
1973	70
1974	80
1975	90
1976	100
1977	0
1978	10
1979	20
1980	30
1981	40
1982	50
1983	60
1984	70
1985	80
1986	90
1987	100
1988	0
1989	10
1990	20
1991	30
1992	40
1993	50
1994	60
1995	70
1996	80
1997	90
1998	100
1999	0
2000	10

900.00

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

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

FOR LINE NUMBER:

PAGE 11 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial) Tom Gee		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 321 Walnut St #235 City State Zip Code Newton MA 02460		Transaction ID : SA11AI.5065	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer FCD Educational Services		Occupation Nonprofit Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
B. Full Name (Last, First, Middle Initial) Rodd Halstead		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2014	
Mailing Address 153 Tower Road City State Zip Code Lincoln MA 01773		Transaction ID : SA11AI.4929	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Dassault		Occupation Software Developer Mgr.	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2850.00	
C. Full Name (Last, First, Middle Initial) Hyder Hussain		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2014	
Mailing Address 11950 Idaho Avenue #415 City State Zip Code Los Angeles CA 90025		Transaction ID : SA11AI.4967	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer None		Occupation None	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	
SUBTOTAL of Receipts This Page (optional).....		400.00	
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:

PAGE 12 OF 25

(check only one)

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

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial) Hyder Hussain		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 11950 Idaho Avenue #415		Transaction ID : SA11AI.4999	
City Los Angeles	State CA	Zip Code 90025	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer None	Occupation None		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		
B. Full Name (Last, First, Middle Initial) Carol Kelly		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2014	
Mailing Address 2 Ruben Duren Way		Transaction ID : SA11AI.4923	
City Bedford	State MA	Zip Code 01730	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00	
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 510.00		
C. Full Name (Last, First, Middle Initial) Carol Kelly		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 2 Ruben Duren Way		Transaction ID : SA11AI.4978	
City Bedford	State MA	Zip Code 01730	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
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 610.00		
SUBTOTAL of Receipts This Page (optional).....		330.00	
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:

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

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Carol Kelly
 Mailing Address 2 Ruben Duren Way

City State Zip Code
 Bedford MA 01730

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

810.00

Date of Receipt

M M / D D / Y Y Y Y
 05 28 2014

Transaction ID : SA11AI.5005

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
John Kelly
 Mailing Address 2 Ruben Duren Way

City State Zip Code
 Bedford MA 01730

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

230.83

Date of Receipt

M M / D D / Y Y Y Y
 04 01 2014

Transaction ID : SA11AI.5086

Amount of Each Receipt this Period

225.00

In-kind -

C. Full Name (Last, First, Middle Initial)
John Kelly
 Mailing Address 2 Ruben Duren Way

City State Zip Code
 Bedford MA 01730

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.83

Date of Receipt

M M / D D / Y Y Y Y
 04 09 2014

Transaction ID : SA11AI.4941

Amount of Each Receipt this Period

20.00

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

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

445.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial) Martha O'Mara			Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 12 Maple Avenue			Transaction ID : SA11AI.5024	
City	State	Zip Code		
Cambridge	MA	02139		
FEC ID number of contributing federal political committee.		C		
Name of Employer CP Analytics		Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
			Amount of Each Receipt this Period 250.00	

B. Full Name (Last, First, Middle Initial) Martha O'Mara			Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 12 Maple Avenue			Transaction ID : SA11AI.5116	
City	State	Zip Code		
Cambridge	MA	02139		
FEC ID number of contributing federal political committee.		C		
Name of Employer CP Analytics		Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 450.00		
			Amount of Each Receipt this Period 200.00	
			In-kind -	

C. Full Name (Last, First, Middle Initial) Lee Palmer			Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 17 Pitman St			Transaction ID : SA11AI.4979	
City	State	Zip Code		
Somerville	MA	02143		
FEC ID number of contributing federal political committee.		C		
Name of Employer Kesher, Inc.		Occupation Executive Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 330.00		
			Amount of Each Receipt this Period 100.00	

SUBTOTAL of Receipts This Page (optional).....	550.00
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
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial) Lee Palmer			Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2014	
Mailing Address 17 Pitman St			Transaction ID : SA11AI.5032	
City	State	Zip Code		
Somerville	MA	02143		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 200.00	
Name of Employer Keshner, Inc.		Occupation Executive Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 530.00		
B. Full Name (Last, First, Middle Initial) Eleanor Smeal			Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 900 N. Stafford St., Apt. 2230			Transaction ID : SA11AI.5052	
City	State	Zip Code		
Arlington	VA	22203		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer Feminist Majority		Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) Eddy Staco			Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 86 Fairview Ave			Transaction ID : SA11AI.4972	
City	State	Zip Code		
Peabody	MA	01960		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 300.00	
Name of Employer Self		Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00		
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
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial) Eddy Staco		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 86 Fairview Ave		Transaction ID : SA11AI.4996	
City Peabody	State MA	Zip Code 01960	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 625.00		
B. Full Name (Last, First, Middle Initial) Jacalyn Stuart Bennett		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2014	
Mailing Address 52 Rogers Street		Transaction ID : SA11AI.4959	
City West Newbury	State MA	Zip Code 01985	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bennett & Company	Occupation President, CEO, Founder		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		1025.00	
TOTAL This Period (last page this line number only).....		6703.98	

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

Use separate schedule(s)
for each category of the
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(check only one)

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<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)
DeFranco for Congress

A. Full Name (Last, First, Middle Initial)
Committee to Elect Joel Saslaw
Mailing Address 21 Benevento Circle

City Peabody	State MA	Zip Code 01960
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

M M M 04	/	D D D 09	/	Y Y Y Y Y 2014
-------------	---	-------------	---	-------------------

Transaction ID : SA11C.4950

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Joel Grosman

Mailing Address 90 Maple Street

City West Newbury	State MA	Zip Code 01985
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

36.00

Date of Receipt

M M M 04	/	D D D 13	/	Y Y Y Y Y 2014
-------------	---	-------------	---	-------------------

Transaction ID : SA11C.4956

Amount of Each Receipt this Period

36.00

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

Mailing Address 36 Forest Street

City Milford	State MA	Zip Code 01757
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

85.00

Date of Receipt

M M M 04	/	D D D 09	/	Y Y Y Y Y 2014
-------------	---	-------------	---	-------------------

Transaction ID : SA11C.4954

Amount of Each Receipt this Period

20.00

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

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

106.00

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

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

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<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)
DeFranco for Congress

Full Name (Last, First, Middle Initial)

Mary Taff

Mailing Address 148 Main Street

City

North Andover

State

MA

Zip Code

01845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lynn Hospital

Occupation

Nurse

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

180.00

Date of Receipt

04 / **09** / **2014**

Transaction ID : SA11C.4955

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

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

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

80.00

186.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DeFranco for Congress

Full Name (Last, First, Middle Initial)

A. Regina Clewell

Mailing Address 26 Wethersfield Street

City	State	Zip Code
Rowley	MA	01969

Purpose of Disbursement
Website

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

142.00

Transaction ID : SB17.5093

B. Regina Clewell

Mailing Address 26 Wethersfield Street

City	State	Zip Code
Rowley	MA	01969

Purpose of Disbursement
March and April

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2014

Amount of Each Disbursement this Period

516.00

Transaction ID : SB17.5106

C. Comcast

Mailing Address 387 W Broadway

City	State	Zip Code
Boston	MA	02127

Purpose of Disbursement
Phones

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

208.96

Transaction ID : SB17.5135

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

866.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DeFranco for Congress

Full Name (Last, First, Middle Initial)

A. Constant Contact

Mailing Address Reservoir Place, 1601 Trapelo Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

City	State	Zip Code
Waltham	MA	02451

Amount of Each Disbursement this Period

11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	09	08	07	06	05	04	03	02	01	00	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 25

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

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)

DeFranco for Congress

Full Name (Last, First, Middle Initial)

A. Maura Flynn

Mailing Address 18 Patti Lane

City	State	Zip Code
Maynard	MA	01754

Purpose of Disbursement
In-kind -

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

38.98

Transaction ID : SB17.5089

B. Maura Flynn

Mailing Address 18 Patti Lane

City	State	Zip Code
Maynard	MA	01754

Purpose of Disbursement
April

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5105

C. Maura Flynn

Mailing Address 18 Patti Lane

City	State	Zip Code
Maynard	MA	01754

Purpose of Disbursement
May

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5128

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

2538.98

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 25

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

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)

DeFranco for Congress

Full Name (Last, First, Middle Initial)

A. Russell Greenberg

Mailing Address 153 Ash Street

City	State	Zip Code
Waltham	MA	02453

Purpose of Disbursement
Field

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2014

Amount of Each Disbursement this Period

430.00

Transaction ID : SB17.5107

B. JetBlue

Mailing Address 27-01 Queens Plaza North

City	State	Zip Code
Long Island City	NY	11101

Purpose of Disbursement
Travel to DC

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2014

Amount of Each Disbursement this Period

606.00

Transaction ID : SB17.5123

c. John Kelly

Mailing Address 2 Ruben Duren Way

City	State	Zip Code
Bedford	MA	01730

Purpose of Disbursement
In-kind -Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

225.00

Transaction ID : SB17.5090

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

1261.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 25

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

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NAME OF COMMITTEE (In Full)

DeFranco for Congress

Full Name (Last, First, Middle Initial)

A. Lawson Mulvihill Media, LLC

Mailing Address 2123 Clark Place

City	State	Zip Code
Silver Spring	MD	20910

Purpose of Disbursement
Communications

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5091

B. Massachusetts Democratic PartyMailing Address 77 Summer Street
10th Floor

City	State	Zip Code
Boston	MA	02110

Purpose of Disbursement
VoteBuilder

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.5129

C. North Shore Chamber of Commerce

Mailing Address 5 Cherry Hill Drive

City	State	Zip Code
Danvers	MA	01923

Purpose of Disbursement
Event

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2014

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.5125

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

3950.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DeFranco for Congress

Full Name (Last, First, Middle Initial)

A. Paul Simmons

Mailing Address 711 Atlantic Avenue, Lower Level

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2014

City	State	Zip Code
Boston	MA	02111

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Research

001

Transaction ID : SB17.5137

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. Staples

Mailing Address 301 Newbury Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

City	State	Zip Code
Danvers	MA	01923

Amount of Each Disbursement this Period

211.11

Purpose of Disbursement
Office Supplies

001

Transaction ID : SB17.5097

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. Su Chang's

Mailing Address 373 Lowell Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2014

City	State	Zip Code
Peabody	MA	01960

Amount of Each Disbursement this Period

770.00

Purpose of Disbursement
Campaign Fundraiser

007

Transaction ID : SB17.5109

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).....

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

1281.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DeFranco for Congress

Full Name (Last, First, Middle Initial)

A. Ted Kontos

Mailing Address 14 North Main Street

City	State	Zip Code
Middleton	MA	01949

Purpose of Disbursement
Rent

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.5133

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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

400.00

11458.45