



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**FRIENDS OF FRANK GUINTA**

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))....	34279.00	0.00
(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)).....	34279.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	98601.84	184581.14
(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)).....	98601.84	184581.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	187800.83	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	289575.00	

**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

**FRIENDS OF FRANK GUINTA**

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).....	28560.00	0.00
(ii) Unitemized.....	1719.00	0.00
(iii) TOTAL of contributions from individuals ▶	30279.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4000.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34279.00	0.00
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)..... ▶	34279.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	98601.84	184581.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	21500.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	21500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	98601.84	206081.14

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	252123.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34279.00
25. SUBTOTAL (add Line 23 and Line 24).....	286402.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	98601.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	187800.83

**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 42
	<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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**DICK ANAGNOST**

Mailing Address 1662 ELM STREET

City: MANCHESTER State: NH Zip Code: 03101

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: REAL ESTATE DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 08 / 13 / 2014

**Transaction ID : SA11AI.5974**

Amount of Each Receipt this Period: 600.00

ANAGNOST INVESTMENT GROUP: PERMISSIBLE

**[MEMO ITEM]**

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

Mailing Address 1662 ELM STREET

City: MANCHESTER State: NH Zip Code: 03101

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: REAL ESTATE DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 08 / 13 / 2014

**Transaction ID : SA11AI.5975**

Amount of Each Receipt this Period: 400.00

ANAGNOST INVESTMENT GROUP: PERMISSIBLE

**[MEMO ITEM]**

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

Mailing Address 1662 ELM STREET

City: MANCHESTER State: NH Zip Code: 03101

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 13 / 2014

**Transaction ID : SA11AI.5971**

Amount of Each Receipt this Period: 1000.00

PERMISSIBLE FUNDS: SEE MEMOS

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
	<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)  
**FRIENDS OF FRANK GUINTA**

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

Mailing Address 5 RUNNYMEDE DRIVE

City NORTH HAMPTON State NH Zip Code 03862

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  
260.00

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

**Transaction ID : SA11AI.5851**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 177 MILK STREET

City BOSTON State MA Zip Code 02109

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

Name of Employer BEAL COMPANIES LLP Occupation REAL ESTATE EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.5939**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9 SHENANDOAH DRIVE

City CONCORD State NH Zip Code 03301

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  
1000.00

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

**Transaction ID : SA11AI.5933**

Amount of Each Receipt this Period  
1000.00

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

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

2010.00

**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 42
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>THOMAS A BULLOCK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2014	
Mailing Address 26H W BAY STREET		<b>Transaction ID : SA11AI.5953</b>	
City MANCHESTER	State NH	Zip Code 03104	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer AMOSKEAG BEVERAGES LLC	Occupation PRESIDENT		
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) <b>THOMAS A BULLOCK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2014	
Mailing Address 26H W BAY STREET		<b>Transaction ID : SA11AI.5969</b>	
City MANCHESTER	State NH	Zip Code 03104	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1900.00	
Name of Employer AMOSKEAG BEVERAGES LLC	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00		

Full Name (Last, First, Middle Initial) <b>JEFFREY A CARLISLE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2014	
Mailing Address 4 CHESTNUT WAY		<b>Transaction ID : SA11AI.5908</b>	
City STRATHAM	State NH	Zip Code 03885	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer LEVERAGED DEVELOPMENTS LLC	Occupation MEDICAL SYSTEMS DESIGNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM CLARK**

Mailing Address 51 FRANKLIN ST

City State Zip Code  
MILFORD NH 03055

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

Name of Employer Occupation  
TURNSTONE CORPORATION SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.5951**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 32 SALISBURY ROAD

City State Zip Code  
KEENE NH 03431

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

Name of Employer Occupation  
CLARKE DISTRIBUTORS CHIEF EXECUTIVE OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.5927**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9 NH ROUTE 113

City State Zip Code  
CONWAY NH 03818

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

Name of Employer Occupation  
COLEMAN COLEMAN PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.5925**

Amount of Each Receipt this Period  
1000.00

**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 9 OF 42
	<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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM R DELONG**

Mailing Address **242 ALTON MOUNTAIN ROAD**

City **ALTON BAY** State **NH** Zip Code **03810**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5962**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address **77 WEST 55TH ST**

City **NEW YORK** State **NY** Zip Code **10019**

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

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

**Transaction ID : SA11AI.5921**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address **114 BRATTLE STREET**

City **CAMBRIDGE** State **MA** Zip Code **02138**

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

Name of Employer **H.N. GORIN, INC.** Occupation **REAL ESTATE INVESTMENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5943**

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 10 OF 42
	<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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**VIRGINIA GUINTA**

Mailing Address **39 WILDWOOD DRIVE**

City **BROOKLINE** State **NH** Zip Code **03033**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.5935**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **151 TREMONT ST**

City **BOSTON** State **MA** Zip Code **02111**

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

Name of Employer **THE BOSTON LAND COMPANY** Occupation **REAL ESTATE INVESTMENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.5917**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL M LABY MD**

Mailing Address **1 TAMARACK WAY**

City **SHARON** State **MA** Zip Code **02067**

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

Name of Employer **SELF-EMPLOYED** 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  
**07 / 25 / 2014**

**Transaction ID : SA11AI.5905**

Amount of Each Receipt this Period  
**500.00**

**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 42
	<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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**NICHOLAS W LAZARES**

Mailing Address 255 ADAMS ST

City Milton State MA Zip Code 02186

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

Name of Employer ADMIRALS BANK Occupation BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5907**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 116 PLEASANT ST #3

City Brookline State MA Zip Code 02446

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5923**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 277 LOCUST STREET SUITE A

City Dover State NH Zip Code 03820

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

Name of Employer ORCHARD MANAGEMENT Occupation DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5913**

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 12 OF 42
	<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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS F. MARKEY**

Mailing Address **28 BRADLEY LANE**

City **NORTH HAMPTON** State **NH** Zip Code **03862**

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

Name of Employer **MARKEY'S LOBSTER POUND** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.5929**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. DAVID C MCAVOY**

Mailing Address **11 MOUNTVIEW RD**

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

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

Name of Employer **NORTHWESTERN MUTUAL** Occupation **FINANCIAL SERVICES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.5911**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **PO BOX 4035**

City **WINDHAM** State **NH** Zip Code **03087**

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

Name of Employer **GREAT STATE BEVERAGES** Occupation **CHIEF OPERATING OFFICER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.5931**

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 13 OF 42
	<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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**LAURA MORGAN**

Mailing Address 400 BEDFORD ST.

City State Zip Code  
MANCHESTER NH 03101

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

Name of Employer Occupation  
MORGAN STORAGE SELF-EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2014

**Transaction ID : SA11AI.5903**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 10 POWISSET STREET

City State Zip Code  
DOVER MA 02030

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  
1000.00

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

**Transaction ID : SA11AI.5941**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 750 SOUTH STREET

City State Zip Code  
NEEDHAM MA 02492

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

Name of Employer Occupation  
THE WATERMILL GROUP PARTNER-PRIVATE EQUITY FIRM

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.5910**

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 14 OF 42
	<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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**PHILLIP PALKER**

Mailing Address **31 EDINBURGH DRIVE**

City **BEDFORD** State **NH** Zip Code **03110**

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

Name of Employer **PRESIDENT** Occupation **NORTH EAST FREIGHTWAYS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : SA11AI.5937**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **289 OCEAN AVE**

City **MARBLEHEAD** State **MA** Zip Code **01945**

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  
**07 / 25 / 2014**

**Transaction ID : SA11AI.5919**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **5302 BROOKEWAY DRIVE**

City **BETHESDA** State **MD** Zip Code **20816**

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  
**600.00**

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

**Transaction ID : SA11AI.5879**

Amount of Each Receipt this Period  
**100.00**

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

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

**2100.00**

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

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

FOR LINE NUMBER: PAGE 15 OF 42  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM RITCHIE**

Mailing Address 5302 BROOKWAY DRIVE

City State Zip Code  
BETHESDA MD 20816

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  
700.00

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

**Transaction ID : SA11AI.5880**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 5302 BROOKWAY DRIVE

City State Zip Code  
BETHESDA MD 20816

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  
800.00

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

**Transaction ID : SA11AI.5884**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 5302 BROOKWAY DRIVE

City State Zip Code  
BETHESDA MD 20816

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  
900.00

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

**Transaction ID : SA11AI.5886**

Amount of Each Receipt this Period  
100.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM RITCHIE**

Mailing Address 5302 BROOKWAY DRIVE

City: **BETHESDA** State: **MD** Zip Code: **20816**

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: **08 / 01 / 2014**

**Transaction ID : SA11AI.5887**

Amount of Each Receipt this Period: **100.00**

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

Mailing Address 5302 BROOKWAY DRIVE

City: **BETHESDA** State: **MD** Zip Code: **20816**

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: **1100.00**

Date of Receipt: **08 / 09 / 2014**

**Transaction ID : SA11AI.5890**

Amount of Each Receipt this Period: **100.00**

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

Mailing Address 28 ZION HILL ROAD

City: **SALEM** State: **NH** Zip Code: **03079**

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

Name of Employer: **BLUEWATER FISHERMENS ASSN** Occupation: **FISHERY ADMINISTRATION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **400.00**

Date of Receipt: **08 / 13 / 2014**

**Transaction ID : SA11AI.5902**

Amount of Each Receipt this Period: **400.00**

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42
	<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)  
**FRIENDS OF FRANK GUINTA**

**A.** Full Name (Last, First, Middle Initial)  
**DONNA SHAW**

Mailing Address 5 HUNT RD

City KINGSTON State NH Zip Code 03841

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

Name of Employer RICK'S MOTORSPORT ELECTRICS, INC. Occupation ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

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

**Transaction ID : SA11AI.5885**

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO BOX 808

City NEW CASTLE State NH Zip Code 03854

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  
2600.00

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

**Transaction ID : SA11AI.5952**

Amount of Each Receipt this Period  
1600.00

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

Mailing Address 100 SHEPARD'S COVE ROAD  
UNITI-2

City KITTERY State ME Zip Code 03904

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.5900**

Amount of Each Receipt this Period  
250.00

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

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

1950.00

**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 42
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. JOHN THONET</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 60 NORTH AMHERST RD		<b>Transaction ID : SA11AI.5957</b>	
City BEDFORD	State NH	Zip Code 03110	Amount of Each Receipt this Period _____ 2000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer STORBRIDGE GLOBAL INC	Occupation SMALL BUSINESS OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. FRANK WILSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2014	
Mailing Address P.O. BOX 27		<b>Transaction ID : SA11AI.5883</b>	
City STAFFORD	State NH	Zip Code 03884	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 _____ 285.00		

Full Name (Last, First, Middle Initial) <b>C. STEPHEN YIANAKOPOLOS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2014	
Mailing Address 36 OLD HENNIKER ROAD		<b>Transaction ID : SA11AI.5915</b>	
City HOPKINTON	State NH	Zip Code 03229	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MERRILL LYNCH	Occupation FINANCIAL ADVISOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3100.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 28560.00

**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 42
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>ACTON PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address <b>PO BOX 442</b>		<b>Transaction ID : SA11C.5945</b>
City <b>SHARPSBURG</b>	State <b>GA</b>	Zip Code <b>30277</b>
FEC ID number of contributing federal political committee. <b>C C00411579</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>CONCERNED AMERICANS FOR FREEDOM &amp; OPPORTUNITY PAC (CAFO PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address <b>228 S WASHINGTON ST STE 115</b>		<b>Transaction ID : SA11C.5949</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
FEC ID number of contributing federal political committee. <b>C C00481176</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>SCALISE FOR CONGRESS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address <b>PO BOX 23219</b>		<b>Transaction ID : SA11C.5955</b>
City <b>JEFFERSON</b>	State <b>LA</b>	Zip Code <b>70183</b>
FEC ID number of contributing federal political committee. <b>C C00394957</b>	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	4000.00

**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 20 OF 42	
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 1766.48
City NEW YORK	State NY Zip Code 10080	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Transaction ID : SB17.5790
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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BEST BUY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 1500 S WILLOW ST		Amount of Each Disbursement this Period 699.98
City MANCHESTER	State NH Zip Code 03103	
Purpose of Disbursement 7/22/2014 AMEX PAYMENT: OFFICE SUPPLIES		Transaction ID : SB17.5836
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)	Category/Type
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. CAESARIOS PIZZA &amp; SUBS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 1057 ELM ST		Amount of Each Disbursement this Period 25.07
City MANCHESTER	State NH Zip Code 03101	
Purpose of Disbursement 7/22/2014 AMEX PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.5839
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)	Category/Type
State: District:		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1766.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42		
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. DEIDRE CARSON</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 19 TOKANEL DRIVE		Amount of Each Disbursement this Period 1599.25 <b>Transaction ID : SB17.5793</b>
City LONDONDERRY State NH Zip Code 03053	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>B. DEIDRE CARSON</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 19 TOKANEL DRIVE		Amount of Each Disbursement this Period 1350.00 <b>Transaction ID : SB17.5798</b>
City LONDONDERRY State NH Zip Code 03053	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>C. DEIDRE CARSON</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 19 TOKANEL DRIVE		Amount of Each Disbursement this Period 1350.00 <b>Transaction ID : SB17.5803</b>
City LONDONDERRY State NH Zip Code 03053	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4299.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 42	
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. CUMBERLAND FARMS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 217 UNION STREET		Amount of Each Disbursement this Period 67.00
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement 7/22/2014 AMEX PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.5830
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>B. CUMBERLAND FARMS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 217 UNION STREET		Amount of Each Disbursement this Period 54.00
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement 7/22/2014 AMEX PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.5832
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>C. CUMBERLAND FARMS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 217 UNION STREET		Amount of Each Disbursement this Period 53.00
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement 7/22/2014 AMEX PAYMENT: OFFICE SUPPLIES	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)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42			
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. CUMBERLAND FARMS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 217 UNION STREET		Amount of Each Disbursement this Period 57.01
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement 7/22/2014 AMEX PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.5847
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>B. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 634.65
City AUBURN	State MA	
Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	Transaction ID : SB17.5791
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 607.36
City AUBURN	State MA	
Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	Transaction ID : SB17.5797
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1242.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 42	
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. EPAY BUSINESS SOLUTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 27A MIDSTATE DR SUITE 218		Amount of Each Disbursement this Period 607.36
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5802</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GARRETT GAUTHIER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 5 JAMES CITY RD		Amount of Each Disbursement this Period 1300.00
City DEERFIELD State NH Zip Code 03037	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5794</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GARRETT GAUTHIER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 5 JAMES CITY RD		Amount of Each Disbursement this Period 1300.00
City DEERFIELD State NH Zip Code 03037	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5799</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3207.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 42	
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. GARRETT GAUTHIER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 5 JAMES CITY RD		Amount of Each Disbursement this Period 1300.00
City DEERFIELD State NH Zip Code 03037	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5804</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 15 HALL STREET		Amount of Each Disbursement this Period 67.00
City CONCORD State NH Zip Code 03301	Purpose of Disbursement 7/22/2014 AMEX PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5831</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. IGNITE BAR &amp; GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 100 HANOVER ST		Amount of Each Disbursement this Period 52.67
City MANCHESTER State NH Zip Code 03101	Purpose of Disbursement 7/22/2014 AMEX PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5843</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 42	
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. MANCHESTER MART &amp; GAS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 738 HOOKSETT RD		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.5834
City MANCHESTER	State NH	
Zip Code 03104	Purpose of Disbursement 7/22/2014 AMEX PAYMENT: TRAVEL: FUEL	[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>B. MARBLEPORT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 137 WEST MERRIMACK STREET NO. 2		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.5808
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement STRATEGY CONSULTING	[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>C. MORGAN SELF STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 400 BEDFORD STREET		Amount of Each Disbursement this Period 88.00 Transaction ID : SB17.5840
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement 7/22/2014 AMEX PAYMENT: FILE STORAGE	[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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42			
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. MORGAN SELF STORAGE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 400 BEDFORD STREET			Amount of Each Disbursement this Period 2014 176.00
City MANCHESTER	State NH	Zip Code 03101	
Purpose of Disbursement 7/22/2014 AMEX PAYMENT: FILE STORAGE			Transaction ID : SB17.5841
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)		[MEMO ITEM]
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. MORGAN SELF STORAGE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 400 BEDFORD STREET			Amount of Each Disbursement this Period 2014 264.00
City MANCHESTER	State NH	Zip Code 03101	
Purpose of Disbursement 7/22/2014 AMEX PAYMENT: FILE STORAGE			Transaction ID : SB17.5846
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)		[MEMO ITEM]
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 138 CONANT STREET 1ST FLOOR			Amount of Each Disbursement this Period 2014 2001.25
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING			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)		[MEMO ITEM]
State: District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2001.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 42	
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 138 CONANT STREET 1ST FLOOR		Amount of Each Disbursement this Period 2006.53 <b>Transaction ID : SB17.5810</b>
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>B. RED OAK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 66 HANOVER STREET STE. 300		Amount of Each Disbursement this Period 550.00 <b>Transaction ID : SB17.5811</b>
City MANCHESTER State NH Zip Code 03101	Purpose of Disbursement RENT & UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RIGHTON STRATEGIES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 373 SOUTH WILLOW ST PMB #106		Amount of Each Disbursement this Period 8584.00 <b>Transaction ID : SB17.5812</b>
City MANCHESTER State NH Zip Code 03103	Purpose of Disbursement COMPUTER PURCHASE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11140.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 42			
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. JAY RUAIS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014		
Mailing Address 28 ZION HILL RD			Amount of Each Disbursement this Period 2500.00		
City SALEM	State NH	Zip Code 03079	Transaction ID : SB17.5796		
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>B. JAY RUAIS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014		
Mailing Address 28 ZION HILL RD			Amount of Each Disbursement this Period 2500.00		
City SALEM	State NH	Zip Code 03079	Transaction ID : SB17.5801		
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>C. JAY RUAIS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014		
Mailing Address 28 ZION HILL RD			Amount of Each Disbursement this Period 2500.00		
City SALEM	State NH	Zip Code 03079	Transaction ID : SB17.5806		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 42	
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. SCR &amp; ASSOCIATES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 100 TRADE CENTER SUITE G-700		Amount of Each Disbursement this Period 3000.00
City WOBURN	State MA	
Zip Code 01801	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.5813
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SRCP MEDIA, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 201 N. UNION STREET		Amount of Each Disbursement this Period 41680.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement PLACED MEDIA	Transaction ID : SB17.5814
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SUNOCO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 239 BRIDGE STREET		Amount of Each Disbursement this Period 69.00
City MANCHESTER	State NH	
Zip Code 03104	Purpose of Disbursement 7/22/2014 AMEX PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.5837
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44680.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 42			
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. SUNOCO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 239 BRIDGE STREET		Amount of Each Disbursement this Period 35.00
City MANCHESTER	State NH	
Zip Code 03104	Purpose of Disbursement 7/22/2014 AMEX PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.5844
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>B. TAKE AWAY CAFE CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 13 HUNTER AVE		Amount of Each Disbursement this Period 504.00
City KITTERY	State ME	
Zip Code 03904	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.5816
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EMMA TAUTKUS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 132 ARAH STREET		Amount of Each Disbursement this Period 1250.00
City MANCHESTER	State NH	
Zip Code 03104	Purpose of Disbursement PAYROLL	Transaction ID : SB17.5795
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1754.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 42	
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. EMMA TAUTKUS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 132 ARAH STREET		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.5800</b>
City MANCHESTER State NH Zip Code 03104	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>B. EMMA TAUTKUS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 132 ARAH STREET		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.5805</b>
City MANCHESTER State NH Zip Code 03104	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>C. THE PROSPER GROUP CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 435 EAST MAIN STREET STE 250		Amount of Each Disbursement this Period 2425.89 <b>Transaction ID : SB17.5817</b>
City GREENWOOD State IN Zip Code 46143	Purpose of Disbursement DIGITAL 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4925.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 42	
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. THE PROSPER GROUP CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 435 EAST MAIN STREET STE 250		Amount of Each Disbursement this Period 1654.29
City GREENWOOD State IN Zip Code 46143	Purpose of Disbursement DIGITAL 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)		Transaction ID : SB17.5818
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE PROSPER GROUP CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 435 EAST MAIN STREET STE 250		Amount of Each Disbursement this Period 972.42
City GREENWOOD State IN Zip Code 46143	Purpose of Disbursement DIGITAL 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)		Transaction ID : SB17.5819
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TORY MAZZOLA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 16 DEXTER COURT		Amount of Each Disbursement this Period 3000.00
City FREEMONT State NH Zip Code 03044	Purpose of Disbursement PLACED MEDIA Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5821
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5626.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 42			
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 909.22 <b>Transaction ID : SB17.5822</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 53.96 <b>Transaction ID : SB17.5823</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 94.62 <b>Transaction ID : SB17.5824</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1057.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 42	
	<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)  
**FRIENDS OF FRANK GUINTA**

**A. TRANSAXT**

Full Name (Last, First, Middle Initial)

Mailing Address 190 MONROE AVE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

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  
07 / 23 / 2014

Amount of Each Disbursement this Period  
4.50

Transaction ID : SB17.5825

Category/Type

**B. TRANSAXT**

Full Name (Last, First, Middle Initial)

Mailing Address 190 MONROE AVE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

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  
07 / 30 / 2014

Amount of Each Disbursement this Period  
291.82

Transaction ID : SB17.5826

Category/Type

**C. TRANSAXT**

Full Name (Last, First, Middle Initial)

Mailing Address 190 MONROE AVE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

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  
08 / 07 / 2014

Amount of Each Disbursement this Period  
45.42

Transaction ID : SB17.5827

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 341.74

**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 36 OF 42			
	<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)  
**FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial) <b>A. TRANSAXT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 190 MONROE AVE NW STE 500		Amount of Each Disbursement this Period 72.22
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5828</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address PO BOX 15062		Amount of Each Disbursement this Period 171.60
City ALBANY State NY Zip Code 12212	Purpose of Disbursement MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5829</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	243.82
<b>TOTAL</b> This Period (last page this line number only).....	98586.84

**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/10.4110

**FRIENDS OF FRANK GUINTA**

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

**[PERSONAL FUNDS]**

Election: 2010

**FRANK GUINTA**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 877

City

State

ZIP Code

MANCHESTER

NH

03105

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

46500.00

53500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
03 / 28 / 2010

M M / D D / Y Y Y Y  
None

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)..... ▶

53500.00

**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/10.4113

**FRIENDS OF FRANK GUINTA**

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

**[PERSONAL FUNDS]**

Election: 2010

**FRANK GUINTA**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 877

City

State

ZIP Code

MANCHESTER

NH

03105

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

125000.00

0.00

125000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06

27

2010

None

None

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)..... ▶

125000.00

**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/10.4114

**FRIENDS OF FRANK GUINTA**

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

**[PERSONAL FUNDS]**

Election: 2010

**FRANK GUINTA**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 877

City

State

ZIP Code

MANCHESTER

NH

03105

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

60000.00

0.00

60000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

03

2010

None

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)..... ▶

60000.00

**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/10.4115

**FRIENDS OF FRANK GUINTA**

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

**[PERSONAL FUNDS]**

Election: 2010

**FRANK GUINTA**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 877

City

State

ZIP Code

MANCHESTER

NH

03105

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09 / 10 / 2010

None

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)..... ▶

50000.00

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

288500.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**FRIENDS OF FRANK GUINTA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Campaign Financial Services**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824

Nature of Debt (Purpose):  
Compliance Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4145**  
385.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 385.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Campaign Financial Services**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824

Nature of Debt (Purpose):  
Compliance Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4151**  
110.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 110.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Campaign Financial Services**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824

Nature of Debt (Purpose):  
Compliance Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4156**  
110.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 110.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	605.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 42
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**FRIENDS OF FRANK GUINTA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Financial Services</b>	Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 30844	
City State Zip Code Bethesda MD 20824	

Outstanding Balance Beginning This Period 110.00	Transaction ID : SD10.4161	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 110.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Financial Services</b>	Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 30844	
City State Zip Code Bethesda MD 20824	

Outstanding Balance Beginning This Period 360.00	Transaction ID : SD10.4169	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 360.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	470.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	1075.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	288500.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	289575.00