

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 TISEI CONGRESSIONAL COMMITTEE

ADDRESS (number and street) 26 MAIN STREET LYNNFIELD MA 01940 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00506170 3. IS THIS REPORT NEW (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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 04/01/2014 through MM/DD/YYYY 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 BRIAN CRESTA

Signature of Treasurer BRIAN CRESTA [Electronically Filed] Date MM/DD/YYYY 11/26/2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TISEI CONGRESSIONAL COMMITTEE

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))....	423793.47	1019384.32
(b) Total Contribution Refunds (from Line 20(d))	100.00	15725.56
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	423693.47	1003658.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	218017.21	445143.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	20196.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	218017.21	424946.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	819918.81	
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)

Write or Type Committee Name

TISEI CONGRESSIONAL COMMITTEE

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).....	295056.19	780990.04
(ii) Unitemized.....	50822.28	94879.28
(iii) TOTAL of contributions from individuals ▶	345878.47	875869.32
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	77915.00	138515.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	423793.47	1019384.32
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	44986.51	200098.72
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	20196.44
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)..... ▶	468779.98	1239679.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	218017.21	445143.16
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	100.00	14975.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	750.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	15725.56
21. OTHER DISBURSEMENTS	0.00	6000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	218117.21	466868.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	569256.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	468779.98
25. SUBTOTAL (add Line 23 and Line 24).....	1038036.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	218117.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	819918.81

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

This report has been amended to correct the election cycle and the year-to-date totals.

Form/Schedule:
Transaction ID:

**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 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JEHAD ABU-ZAHRA

Mailing Address **29 MACKENZIE LANE**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **FISHER COLLEGE** Occupation **PROFESSOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7681

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN ADAM

Mailing Address **67 WALNUT RD**

City **WENHAM** State **MA** Zip Code **01985**

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

Name of Employer **BANK OF AMERICA** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8562

Amount of Each Receipt this Period
500.00

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

Mailing Address **38 BROOKS ST**

City **WINCHESTER** State **MA** Zip Code **01890**

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

Name of Employer **EXAMWORKS** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7696

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. RICHARD R AFRIKIAN

Mailing Address **25 MORRISON RD W**

City **WAKEFIELD** State **MA** Zip Code **01880-2150**

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

Name of Employer **ESIS INC** Occupation **INSURANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7773

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MADLINE AGGANIS

Mailing Address **65 COUNTRY CLUB WAY**

City **IPSWICH** State **MA** Zip Code **01938**

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
06 / 12 / 2014

Transaction ID : SA11AI.8112

Amount of Each Receipt this Period
250.00

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

Mailing Address **135 COUNTRY CLUB ROAD**

City **MELROSE** State **MA** Zip Code **02176**

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
05 / 08 / 2014

Transaction ID : SA11AI.7188

Amount of Each Receipt this Period
250.00

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 8 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) MARK AIELLO		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2014
Mailing Address 805 SUMMER ST		Transaction ID : SA11AI.8492
City MANCHESTER	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer THE REVOLUTION GROUP	Occupation EXECUTIVE	
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) GEORGE T. ALBRECHT		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 394 WASHINGTON ST.		Transaction ID : SA11AI.8258
City WOBURN	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WOBURN FOREIGN MOTORS	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	

Full Name (Last, First, Middle Initial) DONNA ALOISI		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 1 WILLOWDALE DR		Transaction ID : SA11AI.7742
City LYNNFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NORTHRUP ASSOCIATES	Occupation REAL ESTATE BROKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. CARL A ANDERSON

Mailing Address 10 WOODCREST RD

City State Zip Code
MANCHESTER MA 01944-1034

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ANDERSON CONTRACTING SERVICE OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8407

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOHN A ANDERSON JR

Mailing Address 3 WILLOWBY WAY

City State Zip Code
LYNNFIELD MA 01940-1021

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ANDERSON COMPONENT CORP SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8892

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. ANTHONY ANTICO

Mailing Address 22 ANTICO CIRCLE

City State Zip Code
WALTHAM MA 02453

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7612

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 70 CHARLES RIVER RD

City State Zip Code
WALTHAM MA 02453

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

Name of Employer Occupation
ANTICO ESCAVATING CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7610

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. GREGORY T ANTONELLI

Mailing Address 140 TREMONT ST

City State Zip Code
EVERETT MA 02149

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

Name of Employer Occupation
GTA LANDSCAPING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8738

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. THOMAS M ATWOOD

Mailing Address 2 HILLTOP CIR.

City State Zip Code
WEST NEWBURY MA 01985-1815

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

Name of Employer Occupation
SELF-EMPLOYED FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7750

Amount of Each Receipt this Period
250.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 410 SALEM ST
APT 807

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
WINE GRAPES OF NEW ENGLAND MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8884

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SHEILA A BADOLATO

Mailing Address 5 HUTTON ST

City State Zip Code
DANVERS MA 01923-3858

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

Name of Employer Occupation
MASS LIFT TRUCK SERVICE BUSINESS MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8878

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. CHARLES BAKER SR.

Mailing Address 865 CENTRAL AVE
UNIT E-204

City State Zip Code
NEEDHAM MA 02492

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7353

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. CHARLES BAKER SR.

Mailing Address 865 CENTRAL AVE
UNIT E-204

City NEEDHAM State MA Zip Code 02492

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
850.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.9009

Amount of Each Receipt this Period
250.00

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

Mailing Address 3920 MYSTIC VALLEY PARKWAY
SUITE 109

City MEDFORD State MA Zip Code 02155

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

Name of Employer WILLIAM J. BARABINO Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.7116

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID M BASILE

Mailing Address 15 FERNWAY

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer JANNEY MONTGOMERY SCOTT LLC Occupation FINANCIAL SERVICES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7668

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 15 FERNWAY

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7666

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DONALD BATES

Mailing Address 31 SETTLERS WAY

City SALEM State MA Zip Code 01970

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
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8548

Amount of Each Receipt this Period
50.00

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

Mailing Address 1 CAROL ANN ROAD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer NORTHRUP ASSOCIATES REALTORS Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.8082

Amount of Each Receipt this Period
250.00

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

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

550.00

**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 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JIM BEDINGFIELD

Mailing Address 94 PROSPECT ST

City READING State MA Zip Code 01867

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

Name of Employer RAYTHEON Occupation DEFENSE CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7712

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PAULA BENARD

Mailing Address 4 DUNLAP RD

City BURLINGTON State MA Zip Code 01803

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

Name of Employer CN WOOD CO INC Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.7124

Amount of Each Receipt this Period
500.00

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

Mailing Address 28 CRYSTAL DR

City STONEHAM State MA Zip Code 02180

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

Name of Employer BENNETT CONST CO Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8894

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. SARAH BENT

Mailing Address **1 LEONARD ST**

City **GLOUCESTER** State **MA** Zip Code **01930**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8382

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ARTHUR F BERARDINO

Mailing Address **6 VICTORIA STREET**

City **EVERETT** State **MA** Zip Code **02149**

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

Name of Employer **STATE LINE GRAPHICS** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8916

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN T BERARDINO

Mailing Address **4 STAFFORD RD**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **STATE LINE GRAPHICS** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8914

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANTHONY SCOTT BERCUME

Mailing Address 36 FAIRVIEW AVE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer MWRA Occupation SUPERVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8922

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
HARVEY BINES

Mailing Address 36 CLARKE STREET

City LEXINGTON State MA Zip Code 02421

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.8455

Amount of Each Receipt this Period
 500.00

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

Mailing Address 109 FOX RUN

City SUDBURY State MA Zip Code 01776

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

Name of Employer AMC CORPORATION Occupation EXECUTIVE VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7986

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DANIEL BLANCHARD

Mailing Address 115 RICHMOND ST.

City State Zip Code
BOSTON MA 02109

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

Name of Employer Occupation
GOODWIN PROCTOR LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7692

Amount of Each Receipt this Period
250.00

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

Mailing Address 11 ALBION ROAD

City State Zip Code
WELLESLEY MA 02481

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

Name of Employer Occupation
BERKSHIRE PARTNERS LLC. INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8177

Amount of Each Receipt this Period
2000.00

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

Mailing Address 12 WIRTHMORE LANE

City State Zip Code
LYNNFIELD MA 01940

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
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.7991

Amount of Each Receipt this Period
50.00

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

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

2300.00

**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 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 12 WIRTHMORE LANE

City LYNNFIELD State MA Zip Code 01940

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 Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8480

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
KEVIN BOHOWLEY

Mailing Address PO BOX 369

City HAMILTON State MA Zip Code 01936

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

Name of Employer PEOPLE'S UNITED FINANCIAL Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8380

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR. THOMAS J BOMBARDIER

Mailing Address 195 HANOVER ST

City HANOVER State MA Zip Code 02339

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

Name of Employer ASCOA Occupation

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
 06 / 30 / 2014

Transaction ID : SA11AI.8772

Amount of Each Receipt this Period
2600.00

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

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

3110.00

**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 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JEANNE BORAWSKI

Mailing Address **3 DEER PATH LANE**

City **READING** State **MA** Zip Code **01867**

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 **1050.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8292

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PHILIP BORDEN

Mailing Address **12 CLINTON STREET**

City **CAMBRIDGE** State **MA** Zip Code **02139**

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

Name of Employer **RIVERSIDE PARTNERS** Occupation **GENERAL PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7441

Amount of Each Receipt this Period
500.00

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

Mailing Address **PO BOX 1471**

City **GLOUCESTER** State **MA** Zip Code **01931**

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

Name of Employer **BONMAL INC** 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
06 / 12 / 2014

Transaction ID : SA11AI.8122

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 20 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MR. ARTHUR BOURQUE		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 116 LOCKSLEY ROAD		Transaction ID : SA11AI.7677	
City LYNNFIELD	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) B. JOAN BOURQUE		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 116 LOCKSLEY ROAD		Transaction ID : SA11AI.7675	
City LYNNFIELD	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
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 2600.00		

Full Name (Last, First, Middle Initial) C. JOAN BOURQUE		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 116 LOCKSLEY ROAD		Transaction ID : SA11AI.7676	
City LYNNFIELD	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) DAVID BREAZZANO		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 193 DUTTON ROAD		Transaction ID : SA11AI.7393	
City SUDBURY	State MA	Zip Code 01776	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 5200.00	
Name of Employer DDJ CAPITAL MANAGEMENT, LLC		Occupation INVESTMENTS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	
		SEE REDESIGNATION BELOW	

Full Name (Last, First, Middle Initial) DAVID BREAZZANO		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 193 DUTTON ROAD		Transaction ID : SA11AI.7394	
City SUDBURY	State MA	Zip Code 01776	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period -2600.00	
Name of Employer DDJ CAPITAL MANAGEMENT, LLC		Occupation INVESTMENTS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	
		SEE REDESIGNATION BELOW	

Full Name (Last, First, Middle Initial) DAVID BREAZZANO		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 193 DUTTON ROAD		Transaction ID : SA11AI.7395	
City SUDBURY	State MA	Zip Code 01776	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer DDJ CAPITAL MANAGEMENT, LLC		Occupation INVESTMENTS	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	
		REDESIGNATED	

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL 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 22 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GERALD BRECHER

Mailing Address **P. O. BOX 474**

City **NORTH ANDOVER** State **MA** Zip Code **01845**

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

Name of Employer **ENDOEVOLUTION, LLC** Occupation **FOUNDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 17 / 2014

Transaction ID : SA11AI.7594

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DUSTIN BROOKS

Mailing Address **27 SHERMAN STREET**

City **PORTLAND** State **ME** Zip Code **04101**

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

Name of Employer **PRETI FLAHERTY** Occupation **PUBLIC AFFAIRS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7884

Amount of Each Receipt this Period
250.00

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

Mailing Address **1350 MAIN ST**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **NORTHRUP ASSOCIATES** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7061

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DR. ARTHUR BUCKLEY

Mailing Address **5 CEDAR GROVE AVE**

City **PEABODY** State **MA** Zip Code **01960**

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

Name of Employer **SELF** Occupation **DENTIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.7253

Amount of Each Receipt this Period
100.00

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

Mailing Address **P.O. BOX 181**

City **BOXFORD** State **MA** Zip Code **01921**

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

Name of Employer **SELF** Occupation **INSURANCE BROKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8114

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL J BUETOW

Mailing Address **10 CABOT COURT**

City **AMESBURY** State **MA** Zip Code **01913**

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

Name of Employer **UP MEDIA GROUP** Occupation **PUBLISHER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7860

Amount of Each Receipt this Period
250.00

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 24 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MRS. GERALDINE BUNKER

Mailing Address 42 COUNTRY CLUB WAY

City State Zip Code
IPSWICH MA 01938

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8123

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. NELSON BURBANK

Mailing Address 24 JUNIPER CIR

City State Zip Code
READING MA 01867

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
3000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.7312

Amount of Each Receipt this Period
500.00

SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
MR. NELSON BURBANK

Mailing Address 24 JUNIPER CIR

City State Zip Code
READING MA 01867

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
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.7396

Amount of Each Receipt this Period
-400.00

SEE REDESIGNATION BELOW

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. NELSON BURBANK

Mailing Address **24 JUNIPER CIR**

City **READING** State **MA** Zip Code **01867**

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 **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11A1.7397

Amount of Each Receipt this Period
400.00
 REDESIGNATED

B. Full Name (Last, First, Middle Initial)
TODD BURNE

Mailing Address **49 WEST EMERSON STREET**

City **MELROSE** State **MA** Zip Code **02176**

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

Name of Employer **NORTHSHORE HOME SERVICES** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11A1.7584

Amount of Each Receipt this Period
100.00

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

Mailing Address **103 HART STREET**

City **BEVERLY FARMS** State **MA** Zip Code **01915**

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 **350.00**

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

Transaction ID : SA11A1.7987

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
SAMUEL CABOT

Mailing Address 103 HART STREET

City State Zip Code
BEVERLY FARMS MA 01915

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8401

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JAMES CALLAHAN

Mailing Address 29 HERITAGE LANE

City State Zip Code
LYNNFIELD MA 01940-2506

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8540

Amount of Each Receipt this Period
250.00

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

Mailing Address 52 FAIRWAY RD

City State Zip Code
CHESTNUT HILL MA 02467

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

Name of Employer Occupation
SELF-EMPLOYED MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7969

Amount of Each Receipt this Period
2000.00

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 27 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ERIN CALVO-BACCI

Mailing Address 494 MAIN STREET
FLOOR 2

City READING State MA Zip Code 01867

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

Name of Employer BACCI CHOCOLATE DESIGN Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8334

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
GARY CAMPBELL

Mailing Address 176 CHURCH STREET

City LOWELL State MA Zip Code 01852

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

Name of Employer GILBERT CAMPBELL REAL ESTATE Occupation BUSINESS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8925

Amount of Each Receipt this Period
2000.00

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

Mailing Address 9 OLD NECK RD

City MANCHESTER State MA Zip Code 01944

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

Name of Employer SELF EMPLOYED Occupation ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8386

Amount of Each Receipt this Period
250.00

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

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

2550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRANK CANN

Mailing Address 131 DRUID HILL AVE.

City: METHUEN State: MA Zip Code: 01844

FEC ID number of contributing federal political committee: C

Name of Employer: F.H. CANN AND ASSOCAITES Occupation: CEO OF COMPANY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 09 / 2014

Transaction ID : SA11AI.7186

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JUSTIN CANN

Mailing Address 15 11TH ST

City: SALISBURY State: MA Zip Code: 01952

FEC ID number of contributing federal political committee: C

Name of Employer: F.H. CANN AND ASSOCIATES Occupation: ADMINISTRATIVE ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 265.00

Date of Receipt: 05 / 09 / 2014

Transaction ID : SA11AI.7184

Amount of Each Receipt this Period: 250.00

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

Mailing Address 3 MAGNOLIA DR

City: LYNNFIELD State: MA Zip Code: 01940

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: 06 / 30 / 2014

Transaction ID : SA11AI.8890

Amount of Each Receipt this Period: 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. DENNIS CATALDO

Mailing Address **3 BALDWIN LANE**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **CATALDO AMBULANCE** Occupation **VICE PRESIDENT**

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
06 / 30 / 2014

Transaction ID : SA11AI.8870

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CRAIG CERRETANI

Mailing Address **31 LINCOLN HOUSE PT**

City **SWAMPSCOTT** State **MA** Zip Code **01907**

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

Name of Employer **LONGFELLOW BENEFITS** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.7133

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. WALTER T CHAFFEE

Mailing Address **17 JUNIPER RD**

City **FRANKLIN** State **MA** Zip Code **02038**

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

Name of Employer **AMEC** Occupation **NORTHEAST US AREA MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8712

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRANDON CHAPMAN

Mailing Address **178 LOWELL ST
UNIT 1**

City **READING** State **MA** Zip Code **01867**

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

Name of Employer **PRESIDIO NETWORKED SOLUTIONS** Occupation **FINANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11AI.8247

Amount of Each Receipt this Period
50.00

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

Mailing Address **19 MEADOWBROOK RD.**

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

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

Name of Employer **NONE** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.8098

Amount of Each Receipt this Period
2600.00

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

Mailing Address **9 LEDGEWOOD WAY
APT 12**

City **PEABODY** State **MA** Zip Code **01960**

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

Name of Employer **BUNKER HILL COMMUNITY COLLEGE** Occupation **FACILITIES MGR-STAFF ASSISTANT TO DE/**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8912

Amount of Each Receipt this Period
500.00

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. CONSTANCE H CHRISTAKOS

Mailing Address 75 HUNTINGTON ST

City State Zip Code
LOWELL MA 01852

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

Name of Employer Occupation
PALMERS RESTAURANT HOSTESS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8732

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NIWEDITA PRADHAN CHUNG

Mailing Address 370 OCEAN AVE
APT 609

City State Zip Code
REVERE MA 02151-2650

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

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8882

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR. KEVIN CLANCY

Mailing Address 78 HIGH POPPLES RD

City State Zip Code
GLOUCESTER MA 01930

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

Name of Employer Occupation
COPERNICUS MARKETING CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8820

Amount of Each Receipt this Period
4500.00
SEE REDESIGNATION BELOW

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) DR. KEVIN CLANCY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 78 HIGH POPPLES RD		Transaction ID : SA11AI.8986	
City GLOUCESTER	State MA	Zip Code 01930	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1900.00	
Name of Employer COPERNICUS	Occupation MARKETING CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
SEE REDESIGNATION BELOW			

Full Name (Last, First, Middle Initial) DR. KEVIN CLANCY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 78 HIGH POPPLES RD		Transaction ID : SA11AI.8987	
City GLOUCESTER	State MA	Zip Code 01930	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1900.00	
Name of Employer COPERNICUS	Occupation MARKETING CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00		
REDESIGNATED			

Full Name (Last, First, Middle Initial) WALTER CLASS		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 51 TURKEY HILL ROAD		Transaction ID : SA11AI.8971	
City WEST NEWBURY	State MA	Zip Code 01985	
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 250.00		

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL 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: PAGE 33 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PETER CLAY

Mailing Address 14 ARBOR STREET

City WENHAM State MA Zip Code 01984

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 **295.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8565

Amount of Each Receipt this Period
45.00

B. Full Name (Last, First, Middle Initial)
MR. ALAN COFFIN

Mailing Address 11 GOULD STREET

City WAKEFIELD State MA Zip Code 01880

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 **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7438

Amount of Each Receipt this Period
1000.00

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

Mailing Address 72 HARBOR STREET

City MANCHESTER State MA Zip Code 01944

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

Name of Employer FIRST ATLANTIC CAPITAL, LLC Occupation REAL ESTATE INVESTMENT

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
 06 / 30 / 2014

Transaction ID : SA11AI.8981

Amount of Each Receipt this Period
2600.00

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

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

3645.00

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

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

FOR LINE NUMBER: PAGE 34 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. T PHILIP COMENOS

Mailing Address 1 DEXTER LN

City State Zip Code
MANCHESTER MA 01944

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
KENETICS CORPORATION OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11A1.8405

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL A. CONSOLAZIO

Mailing Address 63 BRIDGE ST.

City State Zip Code
SALEM NH 03079

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CYBER360 SOLUTIONS CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11A1.8262

Amount of Each Receipt this Period
500.00

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

Mailing Address 823 ANDOVER STREET

City State Zip Code
LOWELL MA 01852

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CONWAY INSURANCE INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11A1.8556

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
HENRY W COOK

Mailing Address **65 FOREST STREET**

City **MANCHESTER** State **MA** Zip Code **01944**

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

Name of Employer **SALEM CAPITAL MANAGEMENT** Occupation **DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8214

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NEIL A COOPER

Mailing Address

City **SWAMPSCOTT** State **MA** Zip Code **01907**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.7967

Amount of Each Receipt this Period
500.00

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

Mailing Address **24 SMITH AVENUE**

City **READING** State **MA** Zip Code **01867**

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

Name of Employer **CARGO TRANSPORT INC** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.8676

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GRANT COVINGTON		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address COVINGTON ASSOCIATES 265 FRANKLIN STREET		Transaction ID : SA11AI.8695
City BOSTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANONYMOUS	Occupation PRIVATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. REID COVINGTON		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address COVINGTON ASSOCIATES 265 FRANKLIN STREET		Transaction ID : SA11AI.8697
City BOSTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ANONYMOUS	Occupation PRIVATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. ROBERT CULBERT		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 21 STRAWBERRY HILL LANE		Transaction ID : SA11AI.8434
City READING	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CHS	Occupation PRES/CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) DONALD CURIALE		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2014
Mailing Address 55 WALDINGFIELD RD		Transaction ID : SA11A1.7157
City IPSWICH	State MA	Zip Code 01938
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) THEODORE H CUTLER		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 33 COMMONWEALTH AVE.		Transaction ID : SA11A1.7852
City BOSTON	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer THE INTERFACE GROUP	Occupation EXECUTIVE	
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) MR. VINCENT CUTTONE		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 225 PARK LN		Transaction ID : SA11A1.7608
City CONCORD	State MA	Zip Code 01742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer PROTECH TOWING AND AUTO	Occupation PRESIDENT & CEO	
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).....	3900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JANET D'ORSI

Mailing Address 52 MAIN ST

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
GINGERBREAD CONSTRUCTION CO. BAKERY OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11A1.7177

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JANET M DAGOSTINO

Mailing Address 3 ECHO AVE.

City State Zip Code
FALMOUTH MA 02540

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

Name of Employer Occupation
XEROX PROGRAM DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11A1.7816

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. LISA DALBEC

Mailing Address 3 LANTERN LANE

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
NATIONAL GRID MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11A1.7686

Amount of Each Receipt this Period
250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JOSHUA DAVIS

Mailing Address 54 ACADEMY STREET

City ARLINGTON State MA Zip Code 02476-6436

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

Name of Employer FREEMAN DAVIS & STEARNS Occupation PARTNER

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
 05 / 30 / 2014

Transaction ID : SA11AI.7602

Amount of Each Receipt this Period
250.00

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

Mailing Address 5 FREMONT STREET

City WINTHROP State MA Zip Code 02152

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

Name of Employer MSA MORTGAGE INC. Occupation MORTGAGE BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7965

Amount of Each Receipt this Period
500.00

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

Mailing Address 53 RAYMOND ST.

City MANCHESTER State MA Zip Code 01944

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

Name of Employer PRESIDENT/CEO Occupation CONSTRUCTION COMPANY (WINDOVER)

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8377

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANDREW B DELORY

Mailing Address 16 HUNTINGDON RD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer LAW OFFICE OF PAUL A. DELORY Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8874

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
PAUL DELORY

Mailing Address 16 HUNTINGDON RD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer LAW OFFICE OF PAUL A. DELORY Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8862

Amount of Each Receipt this Period
 250.00

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

Mailing Address 18 ASPEN ROAD

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer SELF Occupation ESL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.8689

Amount of Each Receipt this Period
 100.00

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 41 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
SAMUEL DENBO

Mailing Address 18 ASPEN ROAD

City State Zip Code
SWAMPSCOTT MA 01907

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

Name of Employer Occupation
SELF-EMPLOYED CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8777

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. JOANN DEROSA

Mailing Address 83 BIRCH ST

City State Zip Code
PEABODY MA 01960

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8805

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. ADAM DESANCTIS

Mailing Address 100 UNICORN PARK DR
STE 2

City State Zip Code
WOBURN MA 01801

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

Name of Employer Occupation
DESANCTIS INSURANCE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8728

Amount of Each Receipt this Period
500.00

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

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

850.00

**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 42 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address PO BOX 406

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer S.R. WEINER & ASSOCIATES Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7361

Amount of Each Receipt this Period
2600.00

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

Mailing Address PO BOX 406

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer S.R. WEINER & ASSOCIATES Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7362

Amount of Each Receipt this Period
2600.00

SEE REATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
THOMAS J DESIMONE

Mailing Address PO BOX 406

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer S.R. WEINER & ASSOCIATES Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7362.0

Amount of Each Receipt this Period
-2600.00

SEE REATTRIBUTION BELOW

[MEMO ITEM]

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

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

5200.00

**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 43 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARY DESIMONE

Mailing Address 55 PURITAN LANE
P.O. BOX 406

City SWAMPSCOTT State MA Zip Code 01907

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
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.7362.1

Amount of Each Receipt this Period
2600.00

REATTRIBUTED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
VICKI DESIMONE

Mailing Address PO BOX 5545

City BEVERLY State MA Zip Code 01915

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
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8660

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. UGO DIBIASE

Mailing Address PO BOX 780

City LYNNFIELD State MA Zip Code 01940-0780

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

Name of Employer BNY MELLON WEALTH MANAGEMENT Occupation SALES ASSOCIATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7112

Amount of Each Receipt this Period
500.00

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

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

3100.00

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

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

FOR LINE NUMBER: PAGE 44 OF 245
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DIBIASE HOMES

Mailing Address **PO BOX 780**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.9285

Amount of Each Receipt this Period
 500.00

REFUNDED ON 11/1/2014

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

Mailing Address **1266 FURNACE BROOK PKWY**

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

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.7399

Amount of Each Receipt this Period
 250.00

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

Mailing Address **3 LOBAO DR**

City **DANVERS** State **MA** Zip Code **01923**

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

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8824

Amount of Each Receipt this Period
 200.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NANCY DIRKS

Mailing Address 710 COLE RANCH ROAD

City State Zip Code
ENCINITAS CA 92024

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11AI.8241

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CANDACE DOUCETTE

Mailing Address 27 EDGEMERE RD

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
SALEM FIVE BANK SENIOR VICE PRESIDENT-RETAIL BANKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8645

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. TIMOTHY DOYLE

Mailing Address 19 WESTOVER DRIVE

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
COLONNA & DOYLE ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7661

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JAMES DOZIER

Mailing Address 1110 COLUMBIA RD, NW

City State Zip Code
WASHINGTON DC 20009

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

Name of Employer Occupation
CIVITAS PUBLIC AFFAIRS SENIOR ASSOCIATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7672

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DRAKE CABINET AND SUPPLIES LLC

Mailing Address 401R LOWELL ST

City State Zip Code
LEXINGTON MA 02420

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.9087

Amount of Each Receipt this Period
250.00

REFUNDED ON 11/1/2014

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

Mailing Address 900 LYNNFIELD STREET
UNIT 33

City State Zip Code
LYNNFIELD MA 01940

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
350.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.7339

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MRS. BARBARA EBERT

Mailing Address 1 CHRISTINA

City: WAYLAND State: MA Zip Code: 01778

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 30 / 2014

Transaction ID : SA11AI.7817

Amount of Each Receipt this Period: 250.00

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

Mailing Address 163 W NEWTON ST.
UNIT 1

City: BOSTON State: MA Zip Code: 02118

FEC ID number of contributing federal political committee: C

Name of Employer: UBS Occupation: FA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 04 / 2014

Transaction ID : SA11AI.7864

Amount of Each Receipt this Period: 250.00

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

Mailing Address 116 FLANDERS ROAD
SUITE 2000

City: WESTBOROUGH State: MA Zip Code: 01581

FEC ID number of contributing federal political committee: C

Name of Employer: CARRUTH CAPITAL Occupation: PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA11AI.8755

Amount of Each Receipt this Period: 2600.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JEAN EGAN

Mailing Address 116 FLANDERS ROAD
SUITE 2000

City WESTBOROUGH State MA Zip Code 01581

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

Name of Employer CARRUTH CAPITAL Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8756

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
JESSE EHRENFELD

Mailing Address 900 20TH AVE SOUTH
SUITE 1611

City NASHVILLE State TN Zip Code 37212

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

Name of Employer VANDERBILT UNIVERSITY Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.8012

Amount of Each Receipt this Period
100.00

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

Mailing Address 900 20TH AVE SOUTH
SUITE 1611

City NASHVILLE State TN Zip Code 37212

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

Name of Employer VANDERBILT UNIVERSITY Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8974

Amount of Each Receipt this Period
100.00

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

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

2800.00

**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 49 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. JOSEPH ENGELS		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 41 MADISON AVENUE		Transaction ID : SA11AI.8039	
City WAKEFIELD	State MA	Zip Code 01880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer GEI CONSULTANTS, INC.	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. JOSEPH ENGELS		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 41 MADISON AVENUE		Transaction ID : SA11AI.8511	
City WAKEFIELD	State MA	Zip Code 01880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer GEI CONSULTANTS, INC.	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) C. ROBERT EPSTEIN		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 300 BOYLSTON ST., # 703		Transaction ID : SA11AI.8295	
City BOSTON	State MA	Zip Code 02116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer HORIZON BEVERAGE COMPANY	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 195 BRIDLE PATH

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer KEE 55 INC. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.7006

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
JOHN EVANGELAKOS

Mailing Address 1220 PARK AVE

City NEW YORK State NY Zip Code 10128-1733

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

Name of Employer SULLIVAN & CROMWELL LLP Occupation LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8315

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 114 ACADEMY ROAD

City N ANDOVER State MA Zip Code 01845

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

Name of Employer NSEA Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8592

Amount of Each Receipt this Period
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEVEN FANALE

Mailing Address 11 IROQUOIS ROAD

City DANVERS State MA Zip Code 01923

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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.8072

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STEVEN FANALE

Mailing Address 11 IROQUOIS ROAD

City DANVERS State MA Zip Code 01923

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 **850.00**

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

Transaction ID : SA11AI.8053

Amount of Each Receipt this Period
500.00

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

Mailing Address 11 IROQUOIS ROAD

City DANVERS State MA Zip Code 01923

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 **1350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8444

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 52 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHRISTINE FARO

Mailing Address 900 CUMMINGS CENTER, SUITE 207T

City State Zip Code
BEVERLY MA 01915

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

Name of Employer Occupation
SOLE PRACTIONER ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8118

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHRISTINE FARO

Mailing Address 900 CUMMINGS CENTER, SUITE 207T

City State Zip Code
BEVERLY MA 01915

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

Name of Employer Occupation
SOLE PRACTIONER ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8131

Amount of Each Receipt this Period
200.00

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

Mailing Address 300 MOUNTAIN VIEW DR.
APT 213

City State Zip Code
STONEHAM MA 02180

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
250.00

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

Transaction ID : SA11AI.7136

Amount of Each Receipt this Period
50.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PAUL FAZZINA

Mailing Address 300 MOUNTAIN VIEW DR.
APT 213

City State Zip Code
STONEHAM MA 02180

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7916

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES R FINCH

Mailing Address 1654 EUCLID ST NW
PH 1

City State Zip Code
WASHINGTON DC 20009-5634

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

Name of Employer Occupation
KELLER WILLIAMS REALTY REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8765

Amount of Each Receipt this Period
500.00

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

Mailing Address 55 WALDINGFIELD ROAD

City State Zip Code
IPSWICH MA 01938

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

Name of Employer Occupation
ARTHUR J. FINKELSTEIN & ASSOCIATES, IN 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
 05 / 23 / 2014

Transaction ID : SA11AI.7417

Amount of Each Receipt this Period
1000.00

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 54 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CYNTHIA FISHER

Mailing Address 186 PARK STREET

City State Zip Code
NEWTON MA 02458

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

Name of Employer Occupation
WATERREV, LLC MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.7402

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
STEVEN FITZPATRICK

Mailing Address 46 EMERSON STREET

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
TOWN OF WAKEFIELD SUPERVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7431

Amount of Each Receipt this Period
300.00

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

Mailing Address 90 HIGH RIDGE RD

City State Zip Code
BOXFORD MA 01921

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

Name of Employer Occupation
JASPER WYMAN & SON PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8573

Amount of Each Receipt this Period
250.00

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

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

3150.00

**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 55 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALBION FLETCHER

Mailing Address 135 WEST ST

City Braintree State MA Zip Code 02184

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

Name of Employer GE Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7291

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WALTER FLEWELLING

Mailing Address 75 ADAMS STREET

City Dunstable State MA Zip Code 01827

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

Name of Employer CRIMSON PRESS Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.8086

Amount of Each Receipt this Period
300.00

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

Mailing Address 101 MOORE ROAD

City Sudbury State MA Zip Code 01776

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

Name of Employer INSTINET, LLC Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8374

Amount of Each Receipt this Period
100.00

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

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

650.00

**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 56 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 90 HARBOR AVE

City State Zip Code
MARBLEHEAD MA 01945

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
 06 / 30 / 2014

Transaction ID : SA11AI.8633

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
FRANKLIN FOSTER

Mailing Address 5 BANCROFT WAY

City State Zip Code
SOUTH HAMILTON MA 01982

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

Name of Employer Occupation
AUDAX GROUP FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8542

Amount of Each Receipt this Period
250.00

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

Mailing Address 29 FULLER POND ROAD

City State Zip Code
MIDDLETON MA 01949

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8558

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BARRY FRIEDBURG

Mailing Address 134 E 71ST STREET

City State Zip Code
NEW YORK NY 10021

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

Name of Employer Occupation
FRIEDBURG MILSTEIN INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8145

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MS. MARILYN L GALLARDO

Mailing Address 3 BLUE RIDGE ROAD

City State Zip Code
WESTFORD MA 01886

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

Name of Employer Occupation
GROTON DUNSTABLE ADMIN ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7746

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MS. KATHLEEN R GALLIGAN

Mailing Address 2 VIRGINIA PL

City State Zip Code
WENHAM MA 01984-1129

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

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8390

Amount of Each Receipt this Period
500.00

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

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

2600.00

**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 58 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ERNEST GATES

Mailing Address 1 MEETINGHOUSE SQUARE

City MIDDLETON State MA Zip Code 01949

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

Name of Employer GATES HEALTHCARE ASSOC. (SELF) Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7733

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 41 FORRESTER ROAD

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer CHUCK WAGON DINER Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7700

Amount of Each Receipt this Period
 250.00

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

Mailing Address 107 SUMMER STREET

City MANCHESTER State MA Zip Code 01944

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8396

Amount of Each Receipt this Period
 500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 59 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KEITH GILBERT

Mailing Address **PO BOX 6348**

City **LINCOLN** State **MA** Zip Code **01773**

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

Name of Employer **PARK LODGE GROUP** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7620

Amount of Each Receipt this Period

1500.00

B. Full Name (Last, First, Middle Initial)
MR. JOHN E GLOVSKY

Mailing Address **PO BOX 44**

City **PRIDES CROSSING** State **MA** Zip Code **01965**

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

Name of Employer **GLOVSKY & GLOVSKY** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8400

Amount of Each Receipt this Period

500.00

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

Mailing Address **169 COMMONWEALTH AVE.
APT. 1**

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

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

Name of Employer **CORIANDER INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.7254

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 60 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JEROLD GNAZZO

Mailing Address 169 COMMONWEALTH AVE

City BOSTON State MA Zip Code 02116

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8934

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
PATRICK GOVERRIERO

Mailing Address 1 NASSAO ST.
#2203

City BOSTON State MA Zip Code 02111

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

Name of Employer CIVITAS PUBLIC AFFAIRS Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.7875

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 238 MAIN ST

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer G.E. Occupation BUSINESS LEADER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.7167

Amount of Each Receipt this Period
 400.00

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

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

1900.00

**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 61 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. LAWRENCE GREENBERG

Mailing Address 4 NOTTINGHAM LN

City WESTON State MA Zip Code 02493

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

Name of Employer ALYDAR CAPITAL Occupation INVESTMENT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7512

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
PAUL GUANCI

Mailing Address 54 CROSS LANE

City BEVERLY State MA Zip Code 01915

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

Name of Employer PAUL M. GUANCI CASUAL CATERING INC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8954

Amount of Each Receipt this Period
 160.00

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

Mailing Address 9B CURLEW COURT

City GLOUCESTER State MA Zip Code 01930

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8388

Amount of Each Receipt this Period
 250.00

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

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

1410.00

**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 62 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. STEVEN R HANGEN

Mailing Address 1 ORACLE DR

City State Zip Code
NASHUA NH 03062-2834

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

Name of Employer Occupation
ORACLE ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.7067

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
HAROLD HANSEN

Mailing Address 505 CONGRESS ST.

City State Zip Code
SOUTH BOSTON MA 02210

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

Name of Employer Occupation
HANSEN AEROSPACE AEROSPACE ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8307

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES B HARRIS

Mailing Address 7 MILL ST

City State Zip Code
MANCHESTER MA 01944-1231

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

Name of Employer Occupation
UBS FINANCIAL EXECUTIVE VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8411

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KIM A HART

Mailing Address 19 ORCHARD LANE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer BEST EFFORTS INFORMATION REQUESTED Occupation BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8853

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
BERNHARD HEERSINK

Mailing Address 281 HIGH ST

City NEWBURYPORT State MA Zip Code 01950

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8431

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3 PARTRIDGE HILL ROAD

City DOVER State MA Zip Code 02030

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

Name of Employer SCHOCHET ASSOCIATES, INC. Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7859

Amount of Each Receipt this Period
 2600.00

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

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

4200.00

**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 64 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GEORGE HERZLINGER

Mailing Address 560 CONCORD AVE.

City Belmont State MA Zip Code 02478

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

Name of Employer BELMONT INSTRUMENT CORPORATION Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.8226

Amount of Each Receipt this Period
 700.00

B. Full Name (Last, First, Middle Initial)
LUCILE HICKS

Mailing Address 5 WILDWOOD ROAD

City WAYLAND State MA Zip Code 01778

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

Name of Employer REITRED Occupation REITRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.8700

Amount of Each Receipt this Period
 500.00

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

Mailing Address 27 HARVEST CIRCLE

City LINCOLN State MA Zip Code 01773

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

Name of Employer HOSKINS&ASSOCIATES Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.8707

Amount of Each Receipt this Period
 1000.00
 SEE REDESIGNATION BELOW

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

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

2200.00

**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 65 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **27 HARVEST CIRCLE**

City **LINCOLN** State **MA** Zip Code **01773**

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

Name of Employer **HOSKINS&ASSOCIATES** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11AI.9282

Amount of Each Receipt this Period
-900.00
 SEE REDESIGNATION BELOW

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

Mailing Address **27 HARVEST CIRCLE**

City **LINCOLN** State **MA** Zip Code **01773**

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

Name of Employer **HOSKINS&ASSOCIATES** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11AI.9283

Amount of Each Receipt this Period
900.00
 REDESIGNATED

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

Mailing Address **1826 GARVEY AVE #5**

City **ALHAMBRA** State **CA** Zip Code **91803**

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

Name of Employer **RETIRED** Occupation **NONE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.7256

Amount of Each Receipt this Period
250.00

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

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

250.00

**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 66 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 16 WILLOW ST.
UNIT 210

City MELROSE State MA Zip Code 02176

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
 04 / 28 / 2014

Transaction ID : SA11AI.7087

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BOB JODICE

Mailing Address 6 THWING RD

City LYNNFIELD State MA Zip Code 01940

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
290.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8970

Amount of Each Receipt this Period
90.00

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

Mailing Address 100 BRISTOL RD.

City WELLESLEY State MA Zip Code 02481

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
 06 / 30 / 2014

Transaction ID : SA11AI.9008

Amount of Each Receipt this Period
250.00

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

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

590.00

**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 67 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PATRICK JORDAN

Mailing Address 99 BELMONT STREET

City: READING State: MA Zip Code: 01867

FEC ID number of contributing federal political committee: C

Name of Employer: NEWTON-WELLESLEY HOSPITAL Occupation: CHIEF OPERATING OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 20 / 2014

Transaction ID : SA11AI.8373

Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
JULIANNE JOYCE

Mailing Address 38 STURGES RD

City: READING State: MA Zip Code: 01867

FEC ID number of contributing federal political committee: C

Name of Employer: THE CONNORS FAMILY OFFICE Occupation: EXECUTIVE ASSISTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 12 / 2014

Transaction ID : SA11AI.8206

Amount of Each Receipt this Period: 250.00

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

Mailing Address 959 HILL RD.

City: BOXBOROUGH State: MA Zip Code: 01719

FEC ID number of contributing federal political committee: C

Name of Employer: ARNOLD & KANGAS P.C. Occupation: LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 01 / 2014

Transaction ID : SA11AI.7204

Amount of Each Receipt this Period: 250.00

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 68 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. ANDREW KARA

Mailing Address 49 PEARTREE DR

City WESTWOOD State MA Zip Code 02090

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7684

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
HENRY KARA

Mailing Address 139 WEATHERBEE DR.

City WESTWOOD State MA Zip Code 02090

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7658

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 40 NONANTUM ST

City NEWTON State MA Zip Code 02458

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

Name of Employer SELF Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.7596

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 69 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JUDITH KAYE

Mailing Address **6 FOLSOM POND RD**

City **WAYLAND** State **MA** Zip Code **01778**

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
05 / 23 / 2014

Transaction ID : SA11AI.7514

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES A KEKEISEN

Mailing Address **42 WALKER RD**

City **MANCHESTER** State **MA** Zip Code **01944**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8409

Amount of Each Receipt this Period
500.00

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

Mailing Address **216 CADMANS NECK ROAD**

City **WESTPORT** State **MA** Zip Code **02790**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.7377

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 70 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) DAVID KELLY		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 48 JORDAN AVE		Transaction ID : SA11AI.7705	
City WAKEFIELD	State MA	Zip Code 01880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer SELF	Occupation TAX ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) MR. WARREN KELLY		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 5 BOUCHARD DR		Transaction ID : SA11AI.7886	
City MIDDLETON	State MA	Zip Code 01949	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer BAERT MARINE	Occupation SALES		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) THOMAS KENNEDY		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 28 SOUTHPOINT LANE		Transaction ID : SA11AI.8222	
City IPSWICH	State MA	Zip Code 01938	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation BROKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN G KIDD JR.

Mailing Address 118 MAIN STREET

City State Zip Code
TOPSFIELD MA 01983

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

Name of Employer Occupation
DUTTON FAMILY CARE ASSOCIATES PHYSICIAN

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
 05 / 14 / 2014

Transaction ID : SA11A1.7345

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOHN G KIDD JR.

Mailing Address 118 MAIN STREET

City State Zip Code
TOPSFIELD MA 01983

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

Name of Employer Occupation
DUTTON FAMILY CARE ASSOCIATES PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11A1.7346

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JOHN G KIDD JR.

Mailing Address 118 MAIN STREET

City State Zip Code
TOPSFIELD MA 01983

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

Name of Employer Occupation
DUTTON FAMILY CARE ASSOCIATES PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11A1.8569

Amount of Each Receipt this Period
250.00

REFUNDED 11/1/2014

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

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

2950.00

**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 72 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MAUREEN KIDD

Mailing Address 118 MAIN ST.

City State Zip Code
TOPSFIELD MA 01983

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

Name of Employer Occupation
MAUREEN KIDD HOLISTIC RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11A1.7347

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
MAUREEN KIDD

Mailing Address 118 MAIN ST.

City State Zip Code
TOPSFIELD MA 01983

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

Name of Employer Occupation
MAUREEN KIDD HOLISTIC RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11A1.7348

Amount of Each Receipt this Period
2700.00
EXCESS REFUNDED ON 5/19/2014

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

Mailing Address 25 HUDSON ST

City State Zip Code
LYNN MA 01904

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
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11A1.8378

Amount of Each Receipt this Period
50.00

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

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

5250.00

**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 73 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 3570 BATTERSEA ROAD

City State Zip Code
MIAMI FL 33133

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

Name of Employer Occupation
ANTARES CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7664

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 3570 BATTERSEA ROAD

City State Zip Code
MIAMI FL 33133

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

Name of Employer Occupation
ANTARES CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7667

Amount of Each Receipt this Period
 5200.00

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

Mailing Address 329 HEATH STREET

City State Zip Code
CHESTNUT HILL MA 02467

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

Name of Employer Occupation
THE BAUPOST GROUP, LLC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7421

Amount of Each Receipt this Period
 2600.00

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

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

7800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
SETH KLARMAN

Mailing Address 329 HEATH STREET

City State Zip Code
CHESTNUT HILL MA 02467

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

Name of Employer Occupation
THE BAUPOST GROUP, LLC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7422

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
TOM LANCE

Mailing Address 12 ALLEN AVE

City State Zip Code
MANCHESTER MA 01944

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

Name of Employer Occupation
BOSTON BEER EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.7202

Amount of Each Receipt this Period
5200.00

SEE REDESIGNATION BELOW

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

Mailing Address 12 ALLEN AVE

City State Zip Code
MANCHESTER MA 01944

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

Name of Employer Occupation
BOSTON BEER EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.7264

Amount of Each Receipt this Period
-2600.00

SEE REDESIGNATION BELOW

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

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

5200.00

**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 75 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
TOM LANCE

Mailing Address 12 ALLEN AVE

City State Zip Code
MANCHESTER MA 01944

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

Name of Employer Occupation
BOSTON BEER EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.7265

Amount of Each Receipt this Period
2600.00

REDESIGNATED

B. Full Name (Last, First, Middle Initial)
MR. PETER E LANNAN

Mailing Address 10 ROBINSON PARK

City State Zip Code
WINCHESTER MA 01890-3746

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

Name of Employer Occupation
SELF-EMPLOYED CAR DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7726

Amount of Each Receipt this Period
500.00

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

Mailing Address 60 LITTLES POINT ROAD

City State Zip Code
SWAMPSCOTT MA 01907

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

Name of Employer Occupation
SHETLAND PROPERTIES OF SALEM, L.P. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.7163

Amount of Each Receipt this Period
250.00

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

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

3350.00

**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 76 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 60 LITTLES POINT ROAD

City State Zip Code
SWAMPSCOTT MA 01907

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

Name of Employer Occupation
SHETLAND PROPERTIES OF SALEM, L.P. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.8246

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOHN LECHNER

Mailing Address 2 COBB AVE

City State Zip Code
MANCHESTER MA 01944

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

Name of Employer Occupation
MORGAN STANLEY MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8776

Amount of Each Receipt this Period
5000.00

SEE REDESIGNATION BELOW

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

Mailing Address 2 COBB AVE

City State Zip Code
MANCHESTER MA 01944

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

Name of Employer Occupation
MORGAN STANLEY MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8988

Amount of Each Receipt this Period
-2400.00

SEE REDESIGNATION BELOW

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

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

2850.00

**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 77 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN LECHNER		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 2 COBB AVE		Transaction ID : SA11AI.8989
City MANCHESTER	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00 REDESIGNATED
Name of Employer MORGAN STANLEY	Occupation MANAGING DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) B. GERARD LEEMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2014
Mailing Address 10 FOX RD		Transaction ID : SA11AI.8085
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 SEE REDESIGNATION BELOW
Name of Employer EMD SERONO, INC.	Occupation CPA	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2850.00	

Full Name (Last, First, Middle Initial) C. GERARD LEEMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2014
Mailing Address 10 FOX RD		Transaction ID : SA11AI.8414
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -250.00 SEE REDESIGNATION BELOW
Name of Employer EMD SERONO, INC.	Occupation CPA	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	4750.00
TOTAL 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: PAGE 78 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
GERARD LEEMAN

Mailing Address 10 FOX RD

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
EMD SERONO, INC. CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11AI.8415

Amount of Each Receipt this Period
 REDESIGNATED
 250.00

B. Full Name (Last, First, Middle Initial)
ERIC LEVY

Mailing Address 53 GERALD ROAD

City State Zip Code
MARBLEHEAD MA 01945

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

Name of Employer Occupation
LINCOLN FINANCIAL GROUP SENIOR VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.8007

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MR. PAUL LEVY

Mailing Address 84 HIGH ST
STE 204

City State Zip Code
MEDFORD MA 02155-3844

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

Name of Employer Occupation
SELF PERIODONTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7338

Amount of Each Receipt this Period
 1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. KAREN LIPMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 17 SOUTHPOINT LANE		Transaction ID : SA11AI.8128	
City IPSWICH	State MA	Zip Code 01938	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) B. BRYNA LITCHMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1160 BEACON ST APT 102		Transaction ID : SA11AI.8751	
City BROOKLINE	State MA	Zip Code 02446	Amount of Each Receipt this Period _____ 5000.00 SEE REDESIGNATION BELOW
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 _____ 5000.00		

Full Name (Last, First, Middle Initial) C. BRYNA LITCHMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1160 BEACON ST APT 102		Transaction ID : SA11AI.8751.0	
City BROOKLINE	State MA	Zip Code 02446	Amount of Each Receipt this Period _____ -2400.00 SEE REDESIGNATION BELOW [MEMO ITEM]
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 _____ 2600.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 5200.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRYNA LITCHMAN

Mailing Address 1160 BEACON ST
APT 102

City State Zip Code
BROOKLINE MA 02446

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
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8751.1

Amount of Each Receipt this Period
2400.00

REDESIGNATED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GLEN LIVOLSI

Mailing Address 11 HERITAGE LANE

City State Zip Code
SAUGUS MA 01906

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

Name of Employer Occupation
VEEAM SOFTWARE SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8266

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. DANIEL LOEB

Mailing Address 15 CENTRAL PARK WEST

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
THIRD POINT LLC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7424

Amount of Each Receipt this Period
2600.00

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

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

2850.00

**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 81 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) MR. DANIEL LOEB		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 15 CENTRAL PARK WEST		Transaction ID : SA11AI.7425
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer THIRD POINT LLC	Occupation CEO	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) BRUCE LOTT		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 232 8TH STREET SE		Transaction ID : SA11AI.7044
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MYLAN	Occupation STATE GOVERNMENT RELATIONS	Election Cycle-to-Date 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MICHAEL LUCY		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 10 WALLIS DRIVE		Transaction ID : SA11AI.8471
City WENHAM	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 340.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3190.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 82 OF 245

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. NANCY LUTHER

Mailing Address 294 PERKINS ROW

City State Zip Code
 TOPSFIELD MA 01983

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
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8150

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
MS. NANCY LUTHER

Mailing Address 294 PERKINS ROW

City State Zip Code
 TOPSFIELD MA 01983

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
 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8175

Amount of Each Receipt this Period
 25.00

C. Full Name (Last, First, Middle Initial)
R J LYMAN

Mailing Address 852 HALE STREET

City State Zip Code
 BEVERLY MA 01915

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

Name of Employer Occupation
 GENERAL COMPRESSION, INC. COMPANY 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 Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8545

Amount of Each Receipt this Period
 1000.00

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

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

1125.00

**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 83 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. RICHARD D LYONS

Mailing Address 22 SHERWOOD ROAD

City MELROSE State MA Zip Code 02176

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
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7727

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MRS. DOROTHY MAIO

Mailing Address 27 ABORN AVENUE

City WAKEFIELD State MA Zip Code 01880

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7644

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
DR. STEPHEN MAIO

Mailing Address 27 ABORN AVENUE

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer TOWN OF WAKEFIELD Occupation TOWN ADMINISTRATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.7103

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 504 ESSEX STREET

City SAUGUS State MA Zip Code 01906

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

Name of Employer CHARLES W. MALTA D.D.S. Occupation DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8282

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
RICHARD MANGERIAN

Mailing Address 4 CRICKLEWOOD DR

City STONEHAM State MA Zip Code 02180

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8910

Amount of Each Receipt this Period
 250.00

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

Mailing Address 90 BEACON STREET
UNIT 2

City BOSTON State MA Zip Code 02108

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

Name of Employer FOURTIER STRATEGIES, LLC Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8584

Amount of Each Receipt this Period
 100.00

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

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

1350.00

**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 85 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 37 DEXTER STREET

City Peabody State MA Zip Code 01960

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

Name of Employer MBTA Occupation ELECTRICAL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8791

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES C MARTORILLI

Mailing Address 135 LURA LANE

City Waltham State MA Zip Code 02451

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

Name of Employer SELF Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7600

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PAUL P MATTUCHIO

Mailing Address 14 ROSS LN

City Middleton State MA Zip Code 01949-1418

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

Name of Employer MATTUCHIO METALS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8880

Amount of Each Receipt this Period
500.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVID MAURIELLO

Mailing Address 12 WINSHIP DRIVE

City: WAKEFIELD State: MA Zip Code: 01880

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: 400.00

Date of Receipt: 04 / 28 / 2014

Transaction ID : SA11AI.7101

Amount of Each Receipt this Period: 300.00

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

Mailing Address 12 WINSHIP DRIVE

City: WAKEFIELD State: MA Zip Code: 01880

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 26 / 2014

Transaction ID : SA11AI.8552

Amount of Each Receipt this Period: 100.00

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

Mailing Address 25 MANDALAY DRIVE

City: PEABODY State: MA Zip Code: 01960

FEC ID number of contributing federal political committee: C

Name of Employer: RBC WEALTH MANAGEMENT Occupation: INVESTMENT ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA11AI.8848

Amount of Each Receipt this Period: 250.00

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

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

650.00

**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 87 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. KELLEY M MCCARTHY

Mailing Address **4 BAILEY TER**

City **PEABODY** State **MA** Zip Code **01960**

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
05 / 07 / 2014

Transaction ID : SA11AI.7162

Amount of Each Receipt this Period
1000.00

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

Mailing Address **53 OUTLOOK ROAD**

City **WAKEFIELD** State **MA** Zip Code **01880**

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
05 / 23 / 2014

Transaction ID : SA11AI.7429

Amount of Each Receipt this Period
250.00

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

Mailing Address **82 ELM STREET**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **THE SAVINGS BANK** 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
05 / 30 / 2014

Transaction ID : SA11AI.7740

Amount of Each Receipt this Period
1000.00

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

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

2250.00

**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 88 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) MARY MCDOUGAL		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 39 PROCTOR ST		Transaction ID : SA11AI.8679
City MANCHESTER	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
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 250.00	

Full Name (Last, First, Middle Initial) MR. BRAIN MCGRAIL		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 599 NORTH AVE SUTIE 7 2ND FL		Transaction ID : SA11AI.7454
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MCGRAIL LAW	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MARK MCKENNA		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 66 CHOATE STREET		Transaction ID : SA11AI.7195
City ESSEX	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PEDIATRIC ASSOCIATES OF GREATER SALE	Occupation PRACTICE MANAGER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	840.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. NICK MENINNO

Mailing Address 13 SUPREME COURT

City State Zip Code
SWAMPSCOTT MA 01907

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

Name of Employer Occupation
MENINNO CONSTRUCTION CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8724

Amount of Each Receipt this Period
500.00

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

Mailing Address 2364 N. FILLMORE ST.

City State Zip Code
ARLINGTON MA 22207

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

Name of Employer Occupation
PUBLIC AFFAIRS DCI GROUP LLC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.8781

Amount of Each Receipt this Period
500.00

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

Mailing Address 145 LOWELL ST

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
NORTHRUP ASSOCIATES REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8362

Amount of Each Receipt this Period
100.00

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

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

1100.00

**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 90 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **9 ORCHARD LANE**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **UNION OYSTER HOUSE** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8600

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
PAUL MILLER

Mailing Address **3930 WALNUT STREET SUITE 210**

City **FAIRFAX** State **VA** Zip Code **22030**

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

Name of Employer **MILLER-WENHOLD** Occupation **LOBBYIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.8084

Amount of Each Receipt this Period
250.00

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

Mailing Address **57 CLOUTMANS LN**

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

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

Name of Employer **STROUD CONSULTING** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.7258

Amount of Each Receipt this Period
250.00

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 91 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRAD MINNICK

Mailing Address 8605 COTSWOLD COURT

City State Zip Code
ALEXANDRIA VA 22308

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

Name of Employer Occupation
ACSS PROFESSOR OF PRACTICE

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
 05 / 23 / 2014

Transaction ID : SA11AI.7415

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GARY MOFFIE

Mailing Address 204 DODGE STREET

City State Zip Code
BEVERLY MA 01915

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

Name of Employer Occupation
THE REMODELING COMPANY GENERAL CONTRACTOR

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
 06 / 01 / 2014

Transaction ID : SA11AI.8016

Amount of Each Receipt this Period
100.00

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

Mailing Address POB 468

City State Zip Code
SOUTHBORO MA 01772

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

Name of Employer Occupation
DATA TRANSLATION INC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.7014

Amount of Each Receipt this Period
500.00

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

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

850.00

**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 92 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. M ELIZABETH MOORE

Mailing Address 4710 63RD DRIVE WEST

City State Zip Code
BRADENTON FL 34210

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
 06 / 30 / 2014

Transaction ID : SA11AI.8787

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. RICHARD MOTTOLO

Mailing Address 432 PARK STREET

City State Zip Code
NORTH READING MA 01864

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

Name of Employer Occupation
SERVICE PUMPING DRAIN CO INC 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
 06 / 30 / 2014

Transaction ID : SA11AI.8829

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH MOTZKIN

Mailing Address 15 N HILL DR.

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
EMPIRE RECYCLING (SELF) PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.8193

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: (check only one)	PAGE 93 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PETER MURLEY

Mailing Address 30 AUTUMN LANE

City SOUTH HAMILTON State MA Zip Code 01982

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

Name of Employer STRATEGIC PRODUCTS AND SERVICES, LLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7656

Amount of Each Receipt this Period
 1500.00

2500.00

B. Full Name (Last, First, Middle Initial)
FRANCES M MURPHY

Mailing Address 2 BENEDETTO CIR

City WAKEFIELD State MA Zip Code 01880-3553

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

Name of Employer PARKWAY PROPERTIES Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8337

Amount of Each Receipt this Period
 200.00

400.00

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

Mailing Address 13 DUANE DRIVE

City NORTH READING State MA Zip Code 01864

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

Name of Employer READING COOPERATIVE BANK Occupation BANKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8313

Amount of Each Receipt this Period
 250.00

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 94 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PATRICK MURPHY

Mailing Address 117 E 37TH ST.
2B

City State Zip Code
NEW YORK NY 10016

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

Name of Employer Occupation
BANKER MORGAN STANLEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7877

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. DANIEL NAKAMOTO

Mailing Address 238 HIGHLAND AVE

City State Zip Code
WINCHESTER MA 01890

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

Name of Employer Occupation
NORTH AMERICAN FAMILY INSTITUTE MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7887

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CHRISTINA L NARDONE

Mailing Address 83 WHITTIER ROAD

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8189

Amount of Each Receipt this Period
300.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 95 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
RONALD NATH

Mailing Address **6 CABOT STREET**

City **WINCHESTER** State **MA** Zip Code **01890**

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

Name of Employer **COMMONWEALTH SURGICAL ASSOCIATES** Occupation **SURGEON**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7889

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
FRANCIS E NEIL

Mailing Address **PO BOX 113**
10 LUCEY DRIVE

City **NEWBURYPORT** State **MA** Zip Code **01950**

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

Name of Employer **ORACLE USA, INC.** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.7343

Amount of Each Receipt this Period
250.00

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

Mailing Address **9 SAGAMORE RD**

City **IPSWICH** State **MA** Zip Code **01938**

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

Name of Employer **AMESBURY PSYCHOLOGICAL CENTER, INC** Occupation **LICENSED MENTAL HEALTH COUNSELOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.8083

Amount of Each Receipt this Period
100.00

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

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

850.00

**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 96 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PETER NICHOLAS

Mailing Address **PO BOX 1558**

City **BOCA GRANDE** State **FL** Zip Code **33921**

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
06 / 02 / 2014

Transaction ID : SA11AI.8071

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
EUGENE NIGRO

Mailing Address **649 MAIN STREET**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8161

Amount of Each Receipt this Period
1000.00

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

Mailing Address **22 HUMPHREY STREET**

City **SWAMPSCOTT** State **MA** Zip Code **01907**

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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7867

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: (check only one)	PAGE 97 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. KENNETH J NOVACK

Mailing Address **81 BEACON STREET**

City **BOSTON** State **MA** Zip Code **02108**

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

Name of Employer **TIME WARNER** Occupation **BOARD OF DIRECTORS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.7358

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LEILA NOVELETSKY

Mailing Address **47 HARVARD ST. APT A404**

City **CHARLESTOWN** State **MA** Zip Code **02129**

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 **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11AI.8534

Amount of Each Receipt this Period
2500.00

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

Mailing Address **47 HARVARD ST. APT A404**

City **CHARLESTOWN** State **MA** Zip Code **02129**

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
06 / 25 / 2014

Transaction ID : SA11AI.8534.0

Amount of Each Receipt this Period
-900.00
 SEE REDESIGNATION BELOW
[MEMO ITEM]

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LEILA NOVELETSKY

Mailing Address 47 HARVARD ST. APT A404

City: CHARLESTOWN State: MA Zip Code: 02129

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: 3500.00

Date of Receipt: 06 / 25 / 2014

Transaction ID : SA11AI.8534.1

Amount of Each Receipt this Period: 900.00

REDESIGNATED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LEILA NOVELETSKY

Mailing Address 47 HARVARD ST. APT A404

City: CHARLESTOWN State: MA Zip Code: 02129

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: 4000.00

Date of Receipt: 06 / 26 / 2014

Transaction ID : SA11AI.8543

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MARK O'CONNELL

Mailing Address 66 BENNETT STREET

City: HUDSON State: MA Zip Code: 01749

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

Name of Employer: AVIDIA BANK Occupation: PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 07 / 2014

Transaction ID : SA11AI.7148

Amount of Each Receipt this Period: 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
RICHARD J O'NEIL

Mailing Address 1 WINDSOR RD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer SELF-EMPLOYED Occupation SE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8860

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
HARRY OGDEN

Mailing Address 10 KETTLE WAY

City DRACUT State MA Zip Code 01826

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

Name of Employer MORTGAGE FINANCIAL Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7662

Amount of Each Receipt this Period
 250.00

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

Mailing Address 603 SALEM ST.

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer HAYES ENGINEERING, INC. Occupation CIVIL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.7126

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBERT OKEEFE		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 122 PLEASANT STREET		Transaction ID : SA11AI.8464
City WINCHENDON	State Zip Code MA 01475	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer CITY OF GARDNER	Occupation INFO TECH DIRECTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. LEONARD R OLDS		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 1230 ANACAPA WAY		Transaction ID : SA11AI.7384
City LAGUNA BEACH	State Zip Code CA 92651	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) C. EDWARD OLIN		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 32 LANTERN LANE UNIT 8		Transaction ID : SA11AI.8498
City DRACUT	State Zip Code MA 01826	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer RAYTHEON	Occupation MANAGER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 101 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER W PARKER

Mailing Address 43 THE FAIRWAYS

City State Zip Code
IPSWICH MA 01938

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

Name of Employer Occupation
MBP LLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7840

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
PHILIP PASTAN

Mailing Address 14 BRIDGE ST

City State Zip Code
MARBLEHEAD MA 01945

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

Name of Employer Occupation
THE RICHMOND COMPANY PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7832

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
BRIAN J. PATRICAN

Mailing Address 56 HIGH RD

City State Zip Code
NEWBURY MA 99999

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

Name of Employer Occupation
IPSWICH BAY GLASS CO. CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8670

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 102 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
HERMAN PATRICAN

Mailing Address 107 BELCHER STREET

City ESSEX State MA Zip Code 01929

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

Name of Employer IPSWICH BAY GLASS CO. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8674

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL PATRICAN

Mailing Address 57B GREAT POND DRIVE

City BOXFORD State MA Zip Code 01921

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

Name of Employer SELF Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8672

Amount of Each Receipt this Period
 500.00

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

Mailing Address 680 N. LAKE SHORE DRIVE

City CHICAGO State IL Zip Code 60611

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

Name of Employer SELF Occupation ATTORNEY-CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8936

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) W PEREZ		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 1320 N. STATE PARKWAY 14A		Transaction ID : SA11AI.7866	
City CHICAGO	State IL	Zip Code 60610	Amount of Each Receipt this Period 5200.00 SEE REDESIGNATION BELOW
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 5200.00		

Full Name (Last, First, Middle Initial) W PEREZ		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 1320 N. STATE PARKWAY 14A		Transaction ID : SA11AI.8416	
City CHICAGO	State IL	Zip Code 60610	Amount of Each Receipt this Period -2600.00 SEE REDESIGNATION BELOW
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 2600.00		

Full Name (Last, First, Middle Initial) W PEREZ		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 1320 N. STATE PARKWAY 14A		Transaction ID : SA11AI.8417	
City CHICAGO	State IL	Zip Code 60610	Amount of Each Receipt this Period 2600.00 REDESIGNATED
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL 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 104 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. H. BRADLEE PERRY		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 865 CENTRAL AVE APT K-109		Transaction ID : SA11AI.7280	
City NEEDHAM	State MA	Zip Code 02492	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. MR. KEVIN PHELAN		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 93 LOWELL ST		Transaction ID : SA11AI.7427	
City WELLESLEY	State MA	Zip Code 02481-2716	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer COLLIERS INTERNATIONAL	Occupation CO-CHAIRMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. MS. TERESA G PIETRAFITTA		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 18 MANSION RD		Transaction ID : SA11AI.7654	
City WAKEFIELD	State MA	Zip Code 01880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer BEST EFFORTS INFORMATION REQUESTED	Occupation BEST EFFORTS INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 109 EDMUNDS ROAD

City State Zip Code
WELLESLEY HILLS MA 02481

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8441

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY A PRATT

Mailing Address 242 BEACON ST
APT 5

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
BOSTON SCIENTIFIC EXECUTIVE VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.8494

Amount of Each Receipt this Period
250.00

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

Mailing Address 15 FULLER FARMS ROAD

City State Zip Code
TOPSFIELD MA 01983

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

Name of Employer Occupation
K&L GATES PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7650

Amount of Each Receipt this Period
300.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. WARREN A RAZZABONI SR.

Mailing Address 12 HAZEL STREET

City: HOLLIS State: NH Zip Code: 03049

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: 3500.00

Date of Receipt: 05 / 30 / 2014

Transaction ID : SA11AI.7660

Amount of Each Receipt this Period: 1000.00

SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
MR. WARREN A RAZZABONI SR.

Mailing Address 12 HAZEL STREET

City: HOLLIS State: NH Zip Code: 03049

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 05 / 30 / 2014

Transaction ID : SA11AI.8418

Amount of Each Receipt this Period: -1000.00

SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
MR. WARREN A RAZZABONI SR.

Mailing Address 12 HAZEL STREET

City: HOLLIS State: NH Zip Code: 03049

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: 3500.00

Date of Receipt: 05 / 30 / 2014

Transaction ID : SA11AI.8419

Amount of Each Receipt this Period: 1000.00

REDESIGNATED

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 107 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
WARREN RAZZABONI

Mailing Address 12 HAZAC

City Hollis State NH Zip Code 03049

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

Name of Employer DRAEGER MEDICAL Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.7882

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
MR. WAYNE A RAZZABONI

Mailing Address 18 VILLAGE ROAD

City PeppereLL State MA Zip Code 01463

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

Name of Employer NATIONAL COMPUTER DIRECT Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7659

Amount of Each Receipt this Period
 1000.00

SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
MR. WAYNE A RAZZABONI

Mailing Address 18 VILLAGE ROAD

City PeppereLL State MA Zip Code 01463

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

Name of Employer NATIONAL COMPUTER DIRECT Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7659.0

Amount of Each Receipt this Period
 -1000.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

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

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

1300.00

**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 108 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. WAYNE A RAZZABONI

Mailing Address 18 VILLAGE ROAD

City State Zip Code
PEPPERELL MA 01463

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

Name of Employer Occupation
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7659.1

Amount of Each Receipt this Period
1000.00

REDESIGNATED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR. WAYNE A RAZZABONI

Mailing Address 18 VILLAGE ROAD

City State Zip Code
PEPPERELL MA 01463

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

Name of Employer Occupation
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8605

Amount of Each Receipt this Period
500.00

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

Mailing Address 344 SALEM ST

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
MENINNO CONSTRUCTION OWER/OFFICE MGR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11AI.8093

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 131 SPRING ST.

City State Zip Code
STONEHAM MA 02180

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
520.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7637

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY REGAN

Mailing Address 344 SALEM ST.

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
MENINNO CONSTRUCTION CONSTRUCTION WORKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8718

Amount of Each Receipt this Period
500.00

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

Mailing Address 289 OCEAN AVENUE

City State Zip Code
MARBLEHEAD MA 01945

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11AI.7575

Amount of Each Receipt this Period
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KENNEDY RICHARDSON

Mailing Address 104 MOUNT VERNON ST.

City State Zip Code
BOSTON MA 02108

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

Name of Employer Occupation
FIDELITY INVESTMENTS PORTFOLIO MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.7268

Amount of Each Receipt this Period
2600.00

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

Mailing Address 500 BOYLSTON ST
SUITE 640

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
SENIORLINK CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11AI.8094

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL J ROBERTS

Mailing Address 1 SCHOOL STREET

City State Zip Code
STONINGTON CT 06378

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

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7971

Amount of Each Receipt this Period
250.00

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

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

3350.00

**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 111 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) MITCHELL ROBERTS		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 245 WOODWARD ST		Transaction ID : SA11AI.7235
City WABAN	State MA	Zip Code 02468
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer PR MANAGEMENT	Occupation SELF-EMPLOYED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) DAVID RODHAM		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 200 OLD EAST ROAD		Transaction ID : SA11AI.7709
City WHITEFIELD	State NH	Zip Code 03598
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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 250.00	

Full Name (Last, First, Middle Initial) DON RODMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 10 LINCOLN RD. - SUITE 105		Transaction ID : SA11AI.8110
City FOXBORO	State MA	Zip Code 02035
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
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 300.00	

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 112 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. RICHARD D ROPER

Mailing Address 38 OLD FARM WAY

City AYER State MA Zip Code 01432

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

Name of Employer CRABTREE DEV LLC Occupation BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8720

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES P ROSENFELD

Mailing Address 16 PARKER STREET

City LEXINGTON State MA Zip Code 02421

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

Name of Employer CAMBRIDGE ENERGY RESEARCH ASSOCIA Occupation CO-FOUNDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7510

Amount of Each Receipt this Period
 500.00

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

Mailing Address 80 LYMAN ROAD

City CHESTNUT HILL State MA Zip Code 02467

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

Name of Employer MIROWSKI FAMILY FOUNDATION Occupation DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6975

Amount of Each Receipt this Period
 1300.00

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

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

2300.00

**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 113 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRUCE ROSENGARD

Mailing Address **80 LYMAN ROAD**

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

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

Name of Employer **THE MEDICINES COMPANY** Occupation **MEDICAL EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2014

Transaction ID : SA11AI.6973

Amount of Each Receipt this Period
1300.00

B. Full Name (Last, First, Middle Initial)
LEE ROSENTHAL

Mailing Address **40 BARTLETT RD**

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

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt

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

Transaction ID : SA11AI.7578

Amount of Each Receipt this Period
2600.00

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

Mailing Address **ONE BEACON ST
FL 25**

City **BOSTON** State **MA** Zip Code **02108**

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

Name of Employer **SELF** Occupation **LIFE INSURANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2014

Transaction ID : SA11AI.7590

Amount of Each Receipt this Period
250.00

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

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

4150.00

**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 114 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 80 FOREST ST.

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
D&R CONSTRUCTION CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8726

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MRS. KATHLEEN ROTONDI

Mailing Address 67 ORCHARD LANE

City State Zip Code
MELROSE MA 02176

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

Name of Employer Occupation
HALLETT & CUCIRELLI REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8735

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MRS. KATHLEEN ROTONDI

Mailing Address 67 ORCHARD LANE

City State Zip Code
MELROSE MA 02176

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

Name of Employer Occupation
HALLETT & CUCIRELLI REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8736

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 115 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) WILLIAM ROUND		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 12 PRISCILLA RD.		Transaction ID : SA11AI.9024	
City LYNNFIELD	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer BEST EFFORTS INFORMATION REQUESTED	Occupation BEST EFFORTS INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 220.00		

Full Name (Last, First, Middle Initial) MARK RUBIN		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 84 BIGELOW ROAD		Transaction ID : SA11AI.7576	
City WEST NEWTON	State MA	Zip Code 02465	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MARIC, INC	Occupation BUSINESS MANAGER		
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) WILLIAM RUCCI		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 7 SUNNY MEADOW ROAD		Transaction ID : SA11AI.7878	
City ATKINSON	State NH	Zip Code 03811	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 TO BE REFUNDED	
Name of Employer RUCCI BARDARO AND FALLONE	Occupation CPA		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5450.00		

SUBTOTAL of Receipts This Page (optional).....	1270.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL RUETTGERS

Mailing Address 453 BEDFORD RD

City State Zip Code
CARLISLE MA 01741

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8812

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOSEPH P RUSSO

Mailing Address 15 WEST WATER ST

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
SELF DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.7179

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ARTHUR RYAN

Mailing Address 119 MT. PLEASANT AVENUE

City State Zip Code
GLOUCESTER MA 01930

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
5200.00

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

Transaction ID : SA11AI.7158

Amount of Each Receipt this Period
2600.00

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

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

3350.00

**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 117 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KEVIN SACCONI

Mailing Address **14 BREWSTER DRIVE**

City **NORWOOD** State **MA** Zip Code **02062**

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

Name of Employer **SB GENERAL CONTRACTS** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8722

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL SACCONI

Mailing Address **820 LIVINGSTON ST.
STE 10**

City **TEWKSBURY** State **MA** Zip Code **01876**

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

Name of Employer **MDR CONSTRUCTION CO.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11AI.8200

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL SACCONI

Mailing Address **820 LIVINGSTON ST.
STE 10**

City **TEWKSBURY** State **MA** Zip Code **01876**

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

Name of Employer **MDR CONSTRUCTION CO.** 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
06 / 30 / 2014

Transaction ID : SA11AI.8733

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 46 ENGLISH COMMONS

City State Zip Code
TOPSFIELD MA 01983

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

Name of Employer Occupation
SACHETTA AND COMPANY LLC CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8906

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
VICTOR SALDANHA

Mailing Address 20 EDGEMERE RD

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
CAMBRIDGE HEALTH ALLIANCE PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8375

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
RONALD L SARGENT

Mailing Address 5 BRIDGETON WAY

City State Zip Code
HOPKINTON MA 01748

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

Name of Employer Occupation
STAPLES, INC. CHAIRMAN & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11AI.7366

Amount of Each Receipt this Period
2600.00

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

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

2900.00

**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 119 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RONALD L SARGENT		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 5 BRIDGETON WAY		Transaction ID : SA11AI.7367	
City HOPKINTON	State MA	Zip Code 01748	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00	
Name of Employer STAPLES, INC.	Occupation CHAIRMAN & CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) B. KAREN SAWYER		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 19 SUTHERLAND ST.		Transaction ID : SA11AI.7690	
City ANDOVER	State MA	Zip Code 01810	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer CITY OF PEABODY	Occupation COMMUNITY DEVELOPMENT AND PLANNIN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. SCAFIDI JULIANO LLP		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 310 WASHINGTON ST SUITE 201		Transaction ID : SA11AI.9089	
City WELLESLEY	State MA	Zip Code 02481	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	3150.00
TOTAL 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 120 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 63 DANA RD

City READING State MA Zip Code 01867

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

Name of Employer SAPIENTNITRO Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8270

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MS. LESLEE SCHLOPAK

Mailing Address 183 SOUTH ST

City ROCKPORT State MA Zip Code 01966

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

Name of Employer BEST EFFORTS INFORMATION REQUESTED Occupation BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8384

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR. JC SCOTT

Mailing Address 3118 MILITARY RD

City ARLINGTON State VA Zip Code 22207

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

Name of Employer AVAMED Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8761

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANNE SELBY

Mailing Address **38 PHILLIPS BEACH AVE**

City **SWAMPSCOTT** State **MA** Zip Code **01907**

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

Name of Employer **EVERETT MANAGEMENT** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8662

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MRS. STACEY SEVINOR

Mailing Address **7 SEVINOR ROAD**

City **LYNNFIELD** State **MA** Zip Code **01940**

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

Name of Employer **WAYNE ALARM COMPANY** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1476.19

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.8500

Amount of Each Receipt this Period
1476.19

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

Mailing Address **20 EMERSON STREET**

City **READING** State **MA** Zip Code **01867**

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

Name of Employer **BETH ISREAL D.M.** Occupation **NURSE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8298

Amount of Each Receipt this Period
1000.00

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

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

2776.19

**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 122 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
KEVIN SEXTON

Mailing Address 20 EMERSON ST

City READING State MA Zip Code 01867

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

Name of Employer CENTURY 21 SEXTON & DONOHUE Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11AI.7581

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MS. JEAN M SHAW

Mailing Address PO BOX 242

City ANDOVER State ME Zip Code 04216-0242

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

Name of Employer BEST EFFORTS INFORMATION REQUESTED Occupation BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.8496

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN J SHEEHAN

Mailing Address 16 ORCHARD LANE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8858

Amount of Each Receipt this Period
 200.00

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

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

3300.00

**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 123 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) MR. PETER SHERWOOD		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 11 HART ST		Transaction ID : SA11AI.7160
City BEVERLY	State MA	Zip Code 01915
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer PRIDES CROSSING CAPITAL	Occupation MANAGING DIRECTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MR. WILLIAM SILK		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 130 SUMMER STREET		Transaction ID : SA11AI.8506
City STONEHAM	State MA	Zip Code 02180
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer MINUTEMAN	Occupation MANAGER	
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) MARK J SIMEOLA		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 11 STEVENS RD.		Transaction ID : SA11AI.7655
City MELROSE	State MA	Zip Code 02176
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
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 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
VIOLA SIMEOLA

Mailing Address **7 LANTERN LN**

City **WAKEFIELD** State **MA** Zip Code **01880**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7674

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PAUL SINGER

Mailing Address **1 W 81ST ST**

City **NEW YORK** State **NY** Zip Code **10001**

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

Name of Employer **ELLIOTT MANAGEMENT** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.8422

Amount of Each Receipt this Period
2600.00

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

Mailing Address **21 OCEAN STREET**

City **MANCHESTER** State **MA** Zip Code **01944**

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

Name of Employer **SEAL COATING INC.** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8774

Amount of Each Receipt this Period
500.00

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

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

3600.00

**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 125 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MATTHEW SISK

Mailing Address 384 TILDEN COMMONS LANE

City BRAINTREE State MA Zip Code 02184

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

Name of Employer U.S. GOVERNMENT Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11AI.8106

Amount of Each Receipt this Period
 500.00

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

Mailing Address 14 BROOK HILLS CIR

City WHITE PLAINS State NY Zip Code 10605-5004

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

Name of Employer LSTA Occupation EXECUTIVE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.7065

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1007 EAST CAPITOL ST. SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer CIVITAS PUBLIC AFFAIRS GROUP Occupation POLITICAL CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.7873

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL E. SORRELL

Mailing Address 2900 SO. VALLEY VIEW BOULEVARD, NO

City LAS VEGAS State NV Zip Code 89102-5951

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8539

Amount of Each Receipt this Period
 5200.00

SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
MICHAEL E. SORRELL

Mailing Address 2900 SO. VALLEY VIEW BOULEVARD, NO

City LAS VEGAS State NV Zip Code 89102-5951

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8576

Amount of Each Receipt this Period
 -2600.00

SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
MICHAEL E. SORRELL

Mailing Address 2900 SO. VALLEY VIEW BOULEVARD, NO

City LAS VEGAS State NV Zip Code 89102-5951

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8577

Amount of Each Receipt this Period
 2600.00

REDESIGNATED

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

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

5200.00

**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 127 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOANNE ST. PIERRE

Mailing Address 29 NEWCOMB RD

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
MASSPORT BUDGET DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2014

Transaction ID : SA11AI.7243

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
JOANNE ST. PIERRE

Mailing Address 29 NEWCOMB RD

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
MASSPORT BUDGET DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.8248

Amount of Each Receipt this Period
50.00

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

Mailing Address 221 VERONA ST

City State Zip Code
LYNN MA 01904

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

Name of Employer Occupation
RICK'S AUTO COLLISION, INC BUS. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.8346

Amount of Each Receipt this Period
100.00

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 128 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JAMES STAVIS

Mailing Address 200 SAGAMORE ST

City SOUTH HAMILTON State MA Zip Code 01982

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

Name of Employer NORTH COAST SEAFOODS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.8392

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
STEVEN F STOCKMEYER

Mailing Address 8350 HAWKS GULLY AVE

City DELRAY BEACH State FL Zip Code 33446

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11AI.7240

Amount of Each Receipt this Period
 500.00

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

Mailing Address 8 ABBOTT LANE

City BEDFORD State MA Zip Code 01730

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11AI.8428

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
EUGENE SULLIVAN

Mailing Address 65 MORRISON RD.

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7652

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
HENRY SULLIVAN

Mailing Address 28 BRAINARD AVE., APT.410

City State Zip Code
MEDFORD MA 02155

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MINTZ LEVIN ATTONREY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7379

Amount of Each Receipt this Period

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

Mailing Address 41 COLBURN RD

City State Zip Code
READING MA 01867

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MIDDLESEX COMMUNITY COLLEGE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8918

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
TERRY SULLIVAN

Mailing Address 4 FOX RUN LANE

City State Zip Code
MARBLEHEAD MA 01945

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

Name of Employer Occupation
REMAX ADVANTAGE REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SA11AI.8964

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL SWEAT

Mailing Address 91 SPOFFORD STREET

City State Zip Code
GEORGETOWN MA 01833

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

Name of Employer Occupation
ODYSSEY SYSTEMS BUSINESS OWNER/GOVT SVCS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2014

Transaction ID : SA11AI.8089

Amount of Each Receipt this Period
3200.00
SEE REDESIGNATION BELOW

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

Mailing Address 91 SPOFFORD STREET

City State Zip Code
GEORGETOWN MA 01833

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

Name of Employer Occupation
ODYSSEY SYSTEMS BUSINESS OWNER/GOVT SVCS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2014

Transaction ID : SA11AI.8089.0

Amount of Each Receipt this Period
-2600.00
SEE REDESIGNATION BELOW
[MEMO ITEM]

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

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

3450.00

**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 131 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL SWEAT

Mailing Address 91 SPOFFORD STREET

City State Zip Code
GEORGETOWN MA 01833

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

Name of Employer Occupation
ODYSSEY SYSTEMS BUSINESS OWNER/GOVT SVCS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.8089.1

Amount of Each Receipt this Period
2600.00

REDESIGNATED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ALBERT SYMES

Mailing Address 4697 RUE BELLE MER

City State Zip Code
SANIBEL FL 33957

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

Name of Employer Occupation
SYMES ASSOCIATES INC REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8950

Amount of Each Receipt this Period
5200.00

SEE REDESIGNATION BELOW

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

Mailing Address 4697 RUE BELLE MER

City State Zip Code
SANIBEL FL 33957

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

Name of Employer Occupation
SYMES ASSOCIATES INC REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8992

Amount of Each Receipt this Period
-2600.00

SEE REDESIGNATION BELOW

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

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

2600.00

**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 132 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ALBERT SYMES		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 4697 RUE BELLE MER		Transaction ID : SA11AI.8993	
City SANIBEL	State FL	Zip Code 33957	Amount of Each Receipt this Period REDESIGNATED 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer SYMES ASSOCIATES INC	Occupation REAL ESTATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) B. MR. PAUL TAYLOR		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 9 EVERGREEN LANE		Transaction ID : SA11AI.7096	
City MEREDITH	State NH	Zip Code 03253	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. LORETTA TENAGLIA		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 101 BROOKSBY VILLAGE DR APT 111		Transaction ID : SA11AI.7351	
City PEABODY	State MA	Zip Code 01960	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 550.00		

SUBTOTAL of Receipts This Page (optional).....	2950.00
TOTAL 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: PAGE 133 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LORETTA TENAGLIA

Mailing Address 101 BROOKSBY VILLAGE DR
APT 111

City Peabody State MA Zip Code 01960

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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8759

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM J THIBEAULT

Mailing Address 85 BOSTON ST.

City Everett State MA Zip Code 02149-4726

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

Name of Employer GREAT NORTHERN DEMOLITION Occupation 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 Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8740

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1 LETTERMAN DRIVE BLDG C STE 400

City San Francisco State CA Zip Code 94129

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

Name of Employer THIEL CAPITAL LLC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.8231

Amount of Each Receipt this Period
2600.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PETER THIEL

Mailing Address 1 LETTERMAN DRIVE BLDG C STE 400

City State Zip Code
SAN FRANCISCO CA 94129

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

Name of Employer Occupation
THIEL CAPITAL LLC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.8232

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
FREDERICK G.P. THORNE

Mailing Address 94 BRIDGE STREET

City State Zip Code
MANCHESTER MA 01944

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

Name of Employer Occupation
FREDERICK THORNE, LLC CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8783

Amount of Each Receipt this Period
2000.00

SEE REDESIGNATION BELOW

C. Full Name (Last, First, Middle Initial)
FREDERICK G.P. THORNE

Mailing Address 94 BRIDGE STREET

City State Zip Code
MANCHESTER MA 01944

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

Name of Employer Occupation
FREDERICK THORNE, LLC CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8994

Amount of Each Receipt this Period
-400.00

SEE REDESIGNATION BELOW

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

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

4200.00

**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 135 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FREDERICK G.P. THORNE

Mailing Address 94 BRIDGE STREET

City State Zip Code
MANCHESTER MA 01944

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

Name of Employer Occupation
FREDERICK THORNE, LLC CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8995

Amount of Each Receipt this Period
400.00

REDESIGNATED

B. Full Name (Last, First, Middle Initial)
JULIEANN THURLOW

Mailing Address 29 WESTWIND DRIVE

City State Zip Code
METHUEN MA 01844

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

Name of Employer Occupation
READING CO-OPERATIVE BANK PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7890

Amount of Each Receipt this Period
500.00

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

Mailing Address 101 MAIN ST.

City State Zip Code
WENHAM MA 01984

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

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.7862

Amount of Each Receipt this Period
500.00

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

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

1400.00

**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 136 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BEVERLY TISEI

Mailing Address 701 MAIN ST.

City State Zip Code
WAKEFIELD MA 01880

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

Name of Employer Occupation
AMERICAN HOME INSPECTION OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.7756

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MICH TOCCO

Mailing Address 18 GLENDALE AVE

City State Zip Code
MELROSE MA 02176

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

Name of Employer Occupation
INTEGRATED PHARMACY SOLUTIONS, INC. PHARMACY CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8928

Amount of Each Receipt this Period
250.00

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

Mailing Address 14 WILLOWBY WAY

City State Zip Code
LYNNFIELD MA 01940

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.8821

Amount of Each Receipt this Period
1000.00

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

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

1450.00

**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 137 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVID TREBING

Mailing Address 3900 CATHEDRAL AVE NW
APT 802-A

City WASHINGTON State DC Zip Code 20016

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

Name of Employer DAIMLER Occupation AUTO EXEC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **875.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8580

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. PETER G TROMBLEY

Mailing Address

City State Zip Code
 MA 99999

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

Name of Employer BEST EFFORTS INFORMATION REQUESTED Occupation BEST EFFORTS INFORMATION REQUESTED

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
05 / 30 / 2014

Transaction ID : SA11AI.7618

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
MR. ALBERT TURCO

Mailing Address 16 INDIAN LN

City WAKEFIELD State MA Zip Code 01880

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 **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7439

Amount of Each Receipt this Period
2000.00
 SEE REDESIGNATION BELOW

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

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

2600.00

**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 138 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) MR. ALBERT TURCO		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Mailing Address 16 INDIAN LN		Transaction ID : SA11AI.8425
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -400.00
Name of Employer RETIRED	Occupation RETIRED	SEE REDESIGNATION BELOW
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) MR. ALBERT TURCO		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Mailing Address 16 INDIAN LN		Transaction ID : SA11AI.8426
City WAKEFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer RETIRED	Occupation RETIRED	REDESIGNATED
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) MS. JANE E VAN FAASEN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2014
Mailing Address 12 PROCTOR ST		Transaction ID : SA11AI.8413
City MANCHESTER	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) WILLIAM VAN FAASEN		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 12 PROCTOR STREET		Transaction ID : SA11AI.8403	
City MANCHESTER	State MA	Zip Code 01944	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) WILLIAM VAN FAASEN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 12 PROCTOR STREET		Transaction ID : SA11AI.8788	
City MANCHESTER	State MA	Zip Code 01944	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00	
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 2600.00		

Full Name (Last, First, Middle Initial) JACK VENTOLA		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 18 SOUTHPOINT LANE		Transaction ID : SA11AI.8116	
City IPSWICH	State MA	Zip Code 01938	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NATIONAL FISH & SEAFOOD, INC.	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		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **3 ASPEN LANE**

City **STONEHAM** State **MA** Zip Code **02180**

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

Name of Employer **SHEEHAN & PHINNEY** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.7682

Amount of Each Receipt this Period
500.00

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

Mailing Address **100 COMMERCIAL ST.**

City **BOSTON** State **MA** Zip Code **02109**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.7175

Amount of Each Receipt this Period
500.00

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

Mailing Address **16 MAIN ST**

City **DOVER** State **MA** Zip Code **02030**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7518

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MR. JASON WALKER		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 322 ASH STREET		Transaction ID : SA11AI.8730	
City WINCHENDON	State MA	Zip Code 01475	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer MDR CONSTRUCTION	Occupation CONSTRUCTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. MR. JOHN J WARCHOL		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 10 RICHARDSON AVE		Transaction ID : SA11AI.7094	
City WAKEFIELD	State MA	Zip Code 01880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NSTAR	Occupation CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. ROBERT WATERS		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 501 LEXINGTON STREET #99		Transaction ID : SA11AI.7614	
City WALTHAM	State MA	Zip Code 02452	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer CITY OF WALTHAM	Occupation HOUSING SUPERVISOR		
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).....	1100.00
TOTAL 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 142 OF 245
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **4 THOMAS CIRCLE**

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

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

Name of Employer **OPS RULES** Occupation **MANAGEMENT CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.7263

Amount of Each Receipt this Period
100.00

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

Mailing Address **4 THOMAS CIRCLE**

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

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

Name of Employer **OPS RULES** Occupation **MANAGEMENT CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.8108

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. KENNETH WEISS

Mailing Address **59 SARGENT STREET**

City **NEWTON** State **MA** Zip Code **02458**

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
05 / 14 / 2014

Transaction ID : SA11AI.7360

Amount of Each Receipt this Period
1000.00

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

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

1200.00

**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 143 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address **25 CHANNEL CENTER STREET, #1002**

City **BOSTON** State **MA** Zip Code **02210**

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

Name of Employer **SELF** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.8567

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH M WHITNEY

Mailing Address **26 GREENLEAF DR.**

City **DANVERS** State **MA** Zip Code **01923-1528**

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

Name of Employer **NORTH SHORE MECHANICAL CONTRACTOR** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.7152

Amount of Each Receipt this Period
 250.00

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

Mailing Address **26 GREENLEAF DR**

City **DANVERS** State **MA** Zip Code **01923**

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

Name of Employer **NORTH SHORE NUTRITION CONSULTANTS** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.7150

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 144 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JEFFERY WILMOT

Mailing Address **6 FULLER FARM**

City **TOPSFIELD** State **MA** Zip Code **01983**

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

Name of Employer **PTC** Occupation **VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.7122

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL WOLNIK

Mailing Address **170 OLYMPIC LANE**

City **NORTH ANDOVER** State **MA** Zip Code **01845**

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

Name of Employer **WAKEFIELD COOPERATIVE BANK** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.7456

Amount of Each Receipt this Period
250.00

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

Mailing Address **12 WESTFORD STREET**

City **CHELMSFORD** State **MA** Zip Code **01824**

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

Name of Employer **GENERAL ELECTRIC COMPANY** Occupation **MACHINE OPERATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8581

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JESS YESCALIS

Mailing Address **513 WEST CAMPBELL AVENUE**

City **PHOENIX** State **AZ** Zip Code **85013**

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

Name of Employer **YCS** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.8065

Amount of Each Receipt this Period
250.00

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

Mailing Address **350 PARK AVENUE
11TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10022**

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

Name of Employer **ZIFF BROTHERS INVESTMENTS** Occupation **FOUNDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7829

Amount of Each Receipt this Period
2600.00

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

Mailing Address **350 PARK AVENUE
11TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10022**

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

Name of Employer **ZIFF BROTHERS INVESTMENTS** Occupation **FOUNDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.7830

Amount of Each Receipt this Period
2600.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
EDWARD ZUKER

Mailing Address **PO BOX 377**

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

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

Name of Employer **CHESTNUT HILL REALTY** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
05 / 30 / 2014

Transaction ID : SA11AI.7848

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

500.00

295056.19

**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 147 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

Mailing Address 121 N HENRY STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00010124

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11C.8202

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 PRINCE STREET
SUITE 225

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11C.8274

Amount of Each Receipt this Period
5000.00

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

Mailing Address 220 1/2 E ST., NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11C.7141

Amount of Each Receipt this Period
5000.00

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

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

11000.00

**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 148 OF 245	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRADY FOR CONGRESS

Mailing Address **PO BOX 8277**

City **THE WOODLANDS** State **TX** Zip Code **77387**

FEC ID number of contributing federal political committee. **C C00311043**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7943

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BUSINESS INDUSTRY POLITICAL ACTION COMMITTEE

Mailing Address **888 16TH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20006**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7904

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
BYRNE FOR CONGRESS INC

Mailing Address **PO BOX 2743**

City **MOBILE** State **AL** Zip Code **36652**

FEC ID number of contributing federal political committee. **C C00545673**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7923

Amount of Each Receipt this Period
500.00

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 149 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA PAC (US CHAMBER PAC)

Mailing Address 1615 H STREET NORTHWEST

City WASHINGTON State DC Zip Code 20062

FEC ID number of contributing federal political committee. **C** C00082040

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7951

Amount of Each Receipt this Period
 2280.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR RESPONSIBLE ENERGY SOLUTIONS INC PAC (CRES PAC)

Mailing Address 455 MASSACHUSETTS AVE, NW #142

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00553974

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11C.7670

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.9033

Amount of Each Receipt this Period
 2000.00

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

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

5280.00

**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 150 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 CHANCERY STATION CIRCLE

City	State	Zip Code
RESTON	VA	20190

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7984

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address PO BOX 20503

City	State	Zip Code
INDIANAPOLIS	IN	46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11C.8218

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE

Mailing Address PO BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7947

Amount of Each Receipt this Period

1000.00

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

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

4500.00

**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 151 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7958

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7959

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
SUITE I-2

City WEST CHESTER State OH Zip Code 45069

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7955

Amount of Each Receipt this Period
 2000.00

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

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

12000.00

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

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

FOR LINE NUMBER: PAGE 152 OF 245
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
SUITE I-2

City WEST CHESTER State OH Zip Code 45069

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7956

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF SAM JOHNSON

Mailing Address P.O. BOX 860096

City PLANO State TX Zip Code 75086

FEC ID number of contributing federal political committee. **C** C00250720

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11C.8268

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
GAY AND LESBIAN VICTORY FUND FEDERAL PAC

Mailing Address 1133 15TH STREET, NW
SUITE 350

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00476978

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11C.7371

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. GREATER TOMORROW POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 PENNSYLVANIA AVENUE SE STE 330
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00526715
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11C.7945
 Amount of Each Receipt this Period
 1000.00

B. HUDSON FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 5053
 City CONCORD State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C** C00504522
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11C.7933
 Amount of Each Receipt this Period
 1000.00

C. ICE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 752
 City LONG LAKE State MN Zip Code 55356
 FEC ID number of contributing federal political committee. **C** C00484667
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11C.7900
 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 154 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
INVEST IN A STRONG AND SECURE AMERICA - ISSA PAC

Mailing Address PO BOX 3799

City State Zip Code
VISTA CA 92085

FEC ID number of contributing federal political committee. **C** C00450320

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7931

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
IPAA WILDCATTERS FUND

Mailing Address 1201 15TH STREET, NW
SUITE 300

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.9035

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1090 VERMONT AVE NW, SUITE 850

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00405506

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.8766

Amount of Each Receipt this Period
1500.00

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

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

4500.00

**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 155 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
LEAD YOUR NATION NOW PAC (LYNN PAC)

Mailing Address P.O. BOX 1872

City TOPEKA State KS Zip Code 66601

FEC ID number of contributing federal political committee. **C** C00491043

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7892

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
LUKE MESSER FOR CONGRESS

Mailing Address PO BOX 917

City SHELBYVILLE State IN Zip Code 46176

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7918

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MEADOWS FOR CONGRESS

Mailing Address PO BOX 811

City HENDERSONVILLE State NC Zip Code 28793

FEC ID number of contributing federal political committee. **C** C00503094

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11C.8165

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 156 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00540187**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7925

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MORTGAGE BROKERS POLITICAL ACTION COMMITTEE (NAMB PAC)

Mailing Address 2701 WEST 15TH STREET
SUITE 536

City State Zip Code
PLANO TX 75075

FEC ID number of contributing federal political committee. **C C00254201**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.7143

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE PAC

Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code
IRVING TX 75038

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.8816

Amount of Each Receipt this Period
2500.00

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

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

4500.00

**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 157 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST

Mailing Address 1201 F ST. NW
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.8768

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPA

Mailing Address 1605 KING STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.8818

Amount of Each Receipt this Period
 1000.00

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

Mailing Address P.O. BOX 7480

City VISALIA State CA Zip Code 93290

FEC ID number of contributing federal political committee. **C** C00398750

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7949

Amount of Each Receipt this Period
 1000.00

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

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

4500.00

**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 158 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7935

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
PAT MEEHAN FOR CONGRESS

Mailing Address 50 S. PROVIDENCE ROAD

City State Zip Code
MEDIA PA 19063

FEC ID number of contributing federal political committee. **C** C00466870

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7941

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)

Mailing Address 7804 EVENING LANE

City State Zip Code
ALEXANDRIA VA 22306

FEC ID number of contributing federal political committee. **C** C00363770

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11C.7911

Amount of Each Receipt this Period
 2000.00

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

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

9000.00

**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 159 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PIONEER POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7907

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
REPUBLICAN MAJORITY FOR CHOICE

Mailing Address 1900 L STREET NW
SUITE 614

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00346635

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.8770

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00501478

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7896

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 245
	<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	

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)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
THE JONES COMMITTEE

Mailing Address **249 PARK STREET**

City **NORTH READING** State **MA** Zip Code **01864**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11C.8264

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address **228 S. WASHINGTON STREET
SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00330720**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7939

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address **2700 CUMBERLAND PARKWAY, SUITE 150**

City **ATLANTA** State **GA** Zip Code **30339**

FEC ID number of contributing federal political committee. **C C00409805**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11C.7915

Amount of Each Receipt this Period
 2000.00

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

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

4500.00

**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 161 OF 245
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.8814

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City State Zip Code
ROGERS AR 72757

FEC ID number of contributing federal political committee. **C** C00477745

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11C.8170

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

2000.00
 7780.00

**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 162 OF 245
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CLEM ABRAMS

Mailing Address 8015 N LA JOLLA SCENIC DR

City LA JOLLA State CA Zip Code 92037

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
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA12.9057

Amount of Each Receipt this Period
 _____ 2000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ANN PAC

Mailing Address P.O. BOX 3535

City BALLWIN State MO Zip Code 63022

FEC ID number of contributing federal political committee. **C** C00531764

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA12.9039

Amount of Each Receipt this Period
 _____ 500.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

[MEMO ITEM]

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

Mailing Address PO BOX 1593

City RANCHO SANTA FE State CA Zip Code 92067

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

Name of Employer GLENBROOK Occupation EXECUTIVE

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
 06 / 30 / 2014

Transaction ID : SA12.9081

Amount of Each Receipt this Period
 _____ 2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

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

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

_____ 0.00

**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 163 OF 245
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GREG BENSON		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 1593		Transaction ID : SA12.9082
City RANCHO SANTA FE	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer GLENBROOK	Occupation EXECUTIVE	JFC TRANSFER: EQUALITY LEADERSHIP FUND
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. JD BOLS		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 136 JUNIPER ST		Transaction ID : SA12.9075
City SAN DIEGO	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer JD BOLS AND ASSOCIATES	Occupation REAL ESTATE	JFC TRANSFER: EQUALITY LEADERSHIP FUND
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ERIC B BRINKER		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 4700 N UNIVERSITY ST SPC 24		Transaction ID : SA12.9047
City PEORIA	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer METRO LEASING OF ILLINOIS	Occupation OWNER	JFC TRANSFER: EQUALITY LEADERSHIP FUND
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 245
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) KELLY BURT		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 10920 VIA FRONTERA #510		Transaction ID : SA12.9059	
City SAN DIEGO	State CA	Zip Code 92127	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		JFC TRANSFER: EQUALITY LEADERSHIP FUND	
Name of Employer PRICE SELF STORAGE	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
		[MEMO ITEM]	

Full Name (Last, First, Middle Initial) DENISE CLEMENCE		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 128 COUNTRY CLUB PLACE		Transaction ID : SA12.9061	
City SOUTHBRIDGE	State MA	Zip Code 01550	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		JFC TRANSFER: EQUALITY LEADERSHIP FUND	
Name of Employer BEST EFFORTS INFORMATION REQUESTED	Occupation BEST EFFORTS INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
		[MEMO ITEM]	

Full Name (Last, First, Middle Initial) ROBERT DAY		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 729 BEL AIR RD		Transaction ID : SA12.9071	
City LOS ANGELES	State CA	Zip Code 90017	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		JFC TRANSFER: EQUALITY LEADERSHIP FUND	
Name of Employer TRUST COMPANY OF THE WEST	Occupation CHAIRMAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
		[MEMO ITEM]	

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

**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 165 OF 245
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

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

Mailing Address 729 BEL AIR RD

City LOS ANGELES State CA Zip Code 90017

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

Name of Employer TRUST COMPANY OF THE WEST Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA12.9072

Amount of Each Receipt this Period
 _____ 2200.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
EQUALITY LEADERSHIP FUND

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City ATHENS State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 162114.51

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA12.8578

Amount of Each Receipt this Period
 _____ 7094.17

JFC TRANSFER - SEE MEMO ENTRIES

C. Full Name (Last, First, Middle Initial)
EQUALITY LEADERSHIP FUND

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City ATHENS State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 166352.25

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA12.8579

Amount of Each Receipt this Period
 _____ 4237.74

JFC TRANSFER - SEE MEMO ENTRIES

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

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

_____ 11331.91

**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 166 OF 245
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
EQUALITY LEADERSHIP FUND

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City Athens State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 183273.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.8998

Amount of Each Receipt this Period
 16921.40

JFC TRANSFER - SEE MEMO ENTRIES

B. Full Name (Last, First, Middle Initial)
EQUALITY LEADERSHIP FUND

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City Athens State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 189466.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.8999

Amount of Each Receipt this Period
 6192.88

JFC TRANSFER - SEE MEMO ENTRIES

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

Mailing Address 14496 STRAWBERRY RD

City RANCHO SANTA FE State CA Zip Code 92067

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 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.9077

Amount of Each Receipt this Period
 2000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND
[MEMO ITEM]

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

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

23114.28

**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 167 OF 245
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) KEVIN FIALKO		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 7514 GIRARD AVE STE 1-739		Transaction ID : SA12.9065	
City LA JOLLA	State CA	Zip Code 92037	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer TORTOISE MARKET RESEARCH	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		
		JFC TRANSFER: EQUALITY LEADERSHIP FUND [MEMO ITEM]	

Full Name (Last, First, Middle Initial) KEVIN FIALKO		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 7514 GIRARD AVE STE 1-739		Transaction ID : SA12.9073	
City LA JOLLA	State CA	Zip Code 92037	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer TORTOISE MARKET RESEARCH	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		
		JFC TRANSFER: EQUALITY LEADERSHIP FUND [MEMO ITEM]	

Full Name (Last, First, Middle Initial) KEN GILMORE		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 475 BRICKELL AVE #910		Transaction ID : SA12.9053	
City MIAMI	State FL	Zip Code 33131	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer WEBIOTIC	Occupation WEB DEVELOPER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
		JFC TRANSFER: EQUALITY LEADERSHIP FUND [MEMO ITEM]	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 245
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ELEANOR GOODMAN

Mailing Address **211 VIA TORTUGA**

City **PALM BEACH** State **FL** Zip Code **33480**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA12.9055

Amount of Each Receipt this Period
500.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GREATER TOMORROW POLITICAL ACTION COMMITTEE

Mailing Address **600 PENNSYLVANIA AVENUE SE STE 330**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00526715**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA12.9045

Amount of Each Receipt this Period
200.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
B. WAYNE HUGHES JR.

Mailing Address **22917 PACIFIC COAST HWY STE 350**

City **MALIBU** State **CA** Zip Code **90265**

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

Name of Employer **BEST EFFORTS INFORMATION REQUESTED** Occupation **BEST EFFORTS INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA12.9063

Amount of Each Receipt this Period
1000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

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

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

0.00

**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 169 OF 245
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOBS, ECONOMY AND BUDGET FUND (JEB FUND)

Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA12.9043

Amount of Each Receipt this Period
5000.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LARRY V KLING

Mailing Address 14215 MARIANOPOLOS WAY

City State Zip Code
SAN DIEGO CA 92129

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
 05 / 30 / 2014

Transaction ID : SA12.9069

Amount of Each Receipt this Period
1000.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
LARRY V KLING

Mailing Address 14215 MARIANOPOLOS WAY

City State Zip Code
SAN DIEGO CA 92129

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
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.9078

Amount of Each Receipt this Period
250.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

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

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

0.00

**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 170 OF 245
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) TYLER D LEWELLING		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 7921 INTERVALE WAY		Transaction ID : SA12.9051
City POWELL	State TN	Zip Code 37849
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer UNIVERSITY OF TENNESSEE	Occupation ADMISSIONS COUNSELOR	JFC TRANSFER: EQUALITY LEADERSHIP FUND
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) AIMEE LOCKE		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 601 CONTOUR DR		Transaction ID : SA12.9048
City SAN ANTONIO	State TX	Zip Code 78212
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	JFC TRANSFER: EQUALITY LEADERSHIP FUND
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) AIMEE LOCKE		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 601 CONTOUR DR		Transaction ID : SA12.9049
City SAN ANTONIO	State TX	Zip Code 78212
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	JFC TRANSFER: EQUALITY LEADERSHIP FUND
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 245
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) LEANN MCCARTHY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1915 TOWNSEND PL		Transaction ID : SA12.9084	
City EL CAJON	State CA	Zip Code 92019	Amount of Each Receipt this Period _____ 2600.00 JFC TRANSFER: EQUALITY LEADERSHIP FUND [MEMO ITEM]
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

Full Name (Last, First, Middle Initial) LEANN MCCARTHY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1915 TOWNSEND PL		Transaction ID : SA12.9085	
City EL CAJON	State CA	Zip Code 92019	Amount of Each Receipt this Period _____ 2600.00 JFC TRANSFER: EQUALITY LEADERSHIP FUND [MEMO ITEM]
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5200.00		

Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 320 FIRST STREET SE		Transaction ID : SA12.9037	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period _____ 5000.00 JFC TRANSFER: YOUNG GUNS DAY I 2014 [MEMO ITEM]
FEC ID number of contributing federal political committee.		_____ C C00075820 _____	
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 _____ 5000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 0.00
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 172 OF 245	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
OORAH! POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 1053**

City **BLOOMINGTON** State **IN** Zip Code **47402**

FEC ID number of contributing federal political committee. **C C00551853**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA12.9041

Amount of Each Receipt this Period
500.00

JFC TRANSFER: YOUNG GUNS DAY I 2014

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JON SUNDT

Mailing Address **9090 LA JOLLA SHORES LN**

City **LA JOLLA** State **CA** Zip Code **92067**

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

Name of Employer Occupation
ALTERIS INVESTMENTS PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA12.9067

Amount of Each Receipt this Period
2500.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

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

Mailing Address **158 COTTON ST**

City **NEWTON** State **MA** Zip Code **02458**

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA12.9079

Amount of Each Receipt this Period
2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 173 OF 245
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
YOUNG GUNS DAY I 2014

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00563635

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10540.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.8997

Amount of Each Receipt this Period
 10540.32

JFC TRANSFER - SEE MEMO ENTRIES

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

10540.32

44986.51

**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 174 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ACAPULCOS		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 900 CUMMINGS CENTER		Amount of Each Disbursement this Period 214.41
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: FOOD	
Candidate Name		Transaction ID : SB17.6898
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 63.91
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: BANK FEES	
Candidate Name		Transaction ID : SB17.6899
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 4370.74
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name		Transaction ID : SB17.9090
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	4370.74
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 175 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 8743.47
City NEW YORK	State NY	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: BANK FEES		Transaction ID : SB17.6961
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 8383.28
City NEW YORK	State NY	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Transaction ID : SB17.9091
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) C. AMERICAN EXPRESS - MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 360.19
City NEW YORK	State NY	
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.9092
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:		

SUBTOTAL of Disbursements This Page (optional).....	8743.47
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 176 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS - MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 914.88
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9093
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. AMERICAN EXPRESS - MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 78.33
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9094
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS	State TX	
Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.6908
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	993.21
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 177 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 0.00
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.6909 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.6926 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.6929 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

**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 178 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 26.35 Transaction ID : SB17.9095
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.25 Transaction ID : SB17.9096
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 25.90 Transaction ID : SB17.9097
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	87.50
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 179 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.25 Transaction ID : SB17.9098
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 25.15 Transaction ID : SB17.9099
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.30 Transaction ID : SB17.9100
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	95.70
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 180 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AZURE		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 710 BOYLSTON STREET		Amount of Each Disbursement this Period 2117.01
City BOSTON	State MA Zip Code 02116	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.6928
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AZURE		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 710 BOYLSTON STREET		Amount of Each Disbursement this Period 580.75
City BOSTON	State MA Zip Code 02116	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.6947
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. BEAR HILL GOLF CLUB, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2 NORTH STREET		Amount of Each Disbursement this Period 2117.01
City STONEHAM	State MA Zip Code 02180	
Purpose of Disbursement EVENT REGISTRATION FEES		Transaction ID : SB17.9101
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2117.01
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 181 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. BEST BUY

Mailing Address 230 INDEPENDENCE WAY

City DANVERS State MA Zip Code 01923

Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 23 / 2014

Amount of Each Disbursement this Period: 1501.83

Transaction ID : SB17.6921

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. BLUE CROSS BLUE SHIELD

Mailing Address 401 PARK DR #14

City BOSTON State MA Zip Code 02215

Purpose of Disbursement PAYROLL BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 741.44

Transaction ID : SB17.9102

Full Name (Last, First, Middle Initial)
C. BLUE CROSS BLUE SHIELD

Mailing Address 401 PARK DR #14

City BOSTON State MA Zip Code 02215

Purpose of Disbursement PAYROLL BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 741.44

Transaction ID : SB17.9103

SUBTOTAL of Disbursements This Page (optional) 1482.88

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 182 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 401 PARK DR #14		Amount of Each Disbursement this Period 741.44
City BOSTON	State MA Zip Code 02215	
Purpose of Disbursement PAYROLL BENEFITS	Category/Type	Transaction ID : SB17.9104
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BULL FEATHERS		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 410 FIRST STREET SE		Amount of Each Disbursement this Period 84.40
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: FOOD	Category/Type	Transaction ID : SB17.6894
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ERIN CALVO-BACCI		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1050.00
City READING	State MA Zip Code 01867	
Purpose of Disbursement FIELD CONSULTING	Category/Type	Transaction ID : SB17.9201
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1791.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ERIN CALVO-BACCI		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9202
City READING State MA Zip Code 01867	Purpose of Disbursement FIELD 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. ERIN CALVO-BACCI		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9203
City READING State MA Zip Code 01867	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPE ANN BREWING CO		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 11 ROGERS STREET		Amount of Each Disbursement this Period 61.97 Transaction ID : SB17.6923 [MEMO ITEM]
City GLOUCESTER State MA Zip Code 01930	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CASA LARIOS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 7705 W FLAGLER STREET		Amount of Each Disbursement this Period 62.50
City MIAMI State FL Zip Code 33144	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: FOOD	
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)	Transaction ID : SB17.6890 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address PO BOX 196		Amount of Each Disbursement this Period 135.47
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement BROADBAND SERVICES	
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 : SB17.9109
State: District:		

Full Name (Last, First, Middle Initial) C. COMCAST		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address PO BOX 196		Amount of Each Disbursement this Period 135.47
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement BROADBAND SERVICES	
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 : SB17.9110
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	270.94
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 185 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. DAPA RESEARCH INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address ONE CENTRAL ROAD		Amount of Each Disbursement this Period 9000.00 Transaction ID : SB17.9114
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement RESEARCH 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. DAPA RESEARCH INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address ONE CENTRAL ROAD		Amount of Each Disbursement this Period 10500.00 Transaction ID : SB17.9115
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement RESEARCH CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 930.61 Transaction ID : SB17.9214
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	
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).....	20430.61
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 186 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1126.97 Transaction ID : SB17.9220
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	
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. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1069.17 Transaction ID : SB17.9227
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	
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. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 5026.78 Transaction ID : SB17.9213
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	
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).....	7222.92
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 187 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1403.77
City AUBURN State MA Zip Code 01501	Transaction ID : SB17.9233	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1185.89
City AUBURN State MA Zip Code 01501	Transaction ID : SB17.9239	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1175.39
City AUBURN State MA Zip Code 01501	Transaction ID : SB17.9245	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3765.05
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 188 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. EXXONMOBIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 76 STOREY AVE		Amount of Each Disbursement this Period 24.38
City NEWBURYPORT	State MA	
Zip Code 01950	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.6931
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Transaction ID : SB17.9222
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. PAUL FARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Transaction ID : SB17.9228
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL FARRENKOPF			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014		
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 1750.00		
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9234		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. PAUL FARRENKOPF			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014		
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 1750.00		
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9240		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. PAUL FARRENKOPF			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014		
Mailing Address 26 MAIN ST			Amount of Each Disbursement this Period 1750.00		
City LYNNFIELD	State MA	Zip Code 01940	Transaction ID : SB17.9246		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 3875 AIRWAYS MODULE H3 DEPT 4634		Amount of Each Disbursement this Period
City MEMPHIS	State TN	Zip Code 38116
Purpose of Disbursement KORB REIMBURSEMENT: POSTAGE		Transaction ID : SB17.9255
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX OFFICE		M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 240 ANDOVER STREET		Amount of Each Disbursement this Period
City PEABODY	State MA	Zip Code 01960
Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: OFFICE SUPPLIES		Transaction ID : SB17.6877
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FIRSTGIVING		M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 34 FARNSWORTH STREET		Amount of Each Disbursement this Period
City BOSTON	State MA	Zip Code 02210
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: FUNDRAISING CONSULTING		Transaction ID : SB17.6911
Candidate Name		Category/Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 191 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GATEWAY REALTY TRUST		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 239 WESTERN AVE		Amount of Each Disbursement this Period 2341.92
City ESSEX State MA Zip Code 01929	Purpose of Disbursement RENT & UTILITIES	
Candidate Name		Transaction ID : SB17.9118
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. GATEWAY REALTY TRUST		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 239 WESTERN AVE		Amount of Each Disbursement this Period 2379.30
City ESSEX State MA Zip Code 01929	Purpose of Disbursement RENT & UTILITIES	
Candidate Name		Transaction ID : SB17.9119
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. GATEWAY REALTY TRUST		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 239 WESTERN AVE		Amount of Each Disbursement this Period 2413.90
City ESSEX State MA Zip Code 01929	Purpose of Disbursement RENT & UTILITIES	
Candidate Name		Transaction ID : SB17.9120
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	7135.12
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 192 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 85.47
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6903 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 90.66
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6930 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 89.45
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6944 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 193 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. GO OUT LOUD		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 265 ESSEX STREET #205		Amount of Each Disbursement this Period 295.00 Transaction ID : SB17.9124
City SALEM State MA Zip Code 01970	Purpose of Disbursement FACILITY RENTAL/CATE	
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. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9215
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9223
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6295.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9229
City LYNNFIELD	State MA	
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. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9235
City LYNNFIELD	State MA	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9241
City LYNNFIELD	State MA	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.9247
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GRANITE LISTS LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address PO BOX 262		Amount of Each Disbursement this Period 578.34 Transaction ID : SB17.9126
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement LIST RENTAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GRIDIRON COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 3903 PORTAGE ROAD SUITE C #262		Amount of Each Disbursement this Period 11325.60 Transaction ID : SB17.9127
City SOUTH BEND	State IN	
Zip Code 46628	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	14903.94
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 196 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. HYATT REGENCY HOTEL		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 400 NEW JERSEY AVENUE		Amount of Each Disbursement this Period 1367.82
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.6888 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ICORI		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 200 ARLINGTON ST SUITE 2200		Amount of Each Disbursement this Period 50.00
City CHELSEA State MA Zip Code 02150	Purpose of Disbursement SZOLD REIMBURSEMENT: RESEARCH FEE	
Candidate Name	Category/Type	Transaction ID : SB17.9261 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. IMG E LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 603 KING STREET 4TH FLOOR		Amount of Each Disbursement this Period 6508.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement WEBSITE DEVELOPMENT	
Candidate Name	Category/Type	Transaction ID : SB17.9128
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).....	6508.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 197 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. INTERNATIONAL PLACE GARAGE

Mailing Address 1 INTERNATIONAL PLACE

City BOSTON State MA Zip Code 02110

Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: PARKING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 19 / 2014

Amount of Each Disbursement this Period: 32.00

Transaction ID : SB17.6896

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. INTERNATIONAL PLACE PARKING GARAGE

Mailing Address 100 OLIVER ST

City BOSTON State MA Zip Code 02110

Purpose of Disbursement KORB REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 19 / 2014

Amount of Each Disbursement this Period: 32.00

Transaction ID : SB17.9252

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JETBLUE AIRWAYS

Mailing Address 118-29 QUEENS BLVD

City FOREST HILLS State NY Zip Code 11375

Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 04 / 2014

Amount of Each Disbursement this Period: 278.00

Transaction ID : SB17.6878

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 198 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. JETBLUE AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 118-29 QUEENS BLVD		Amount of Each Disbursement this Period 278.00
City FOREST HILLS	State NY	
Zip Code 11375	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	Transaction ID : SB17.6879
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. JETBLUE AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 118-29 QUEENS BLVD		Amount of Each Disbursement this Period 278.00
City FOREST HILLS	State NY	
Zip Code 11375	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	Transaction ID : SB17.6880
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. PAUL J KARRENKOPF		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 182 NEWBURY ST		Amount of Each Disbursement this Period 66.81
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Transaction ID : SB17.9205
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).....	66.81
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 199 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. KOHLBERG KRAVIS ROBERTS		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address ATTN: DONNA MCHUGH 9 WEST 57TH ST, STE 4200		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.9130
City NEW YORK	State NY	
Zip Code 10019	Purpose of Disbursement FACILITY RENTAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ASHLEY KORB		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9216
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ASHLEY KORB		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9224
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 200 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ASHLEY KORB		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9230
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ASHLEY KORB		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 77.45 Transaction ID : SB17.9197
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ASHLEY KORB		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9236
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7077.45
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 201 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ASHLEY KORB		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9242
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ASHLEY KORB		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.9248
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. LENOX HOTEL		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 61 EXTER STREET		Amount of Each Disbursement this Period 24.00 Transaction ID : SB17.6946 [MEMO ITEM]
City BOSTON	State MA	
Zip Code 02116	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: LODGING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 202 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBERT MACARTHUR			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 16 ROPES STREET			Amount of Each Disbursement this Period 250.00	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.9207	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MARKET BASKET			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 230 S MAIN STREET			Amount of Each Disbursement this Period 49.39	
City MIDDLETON	State MA	Zip Code 01949	Transaction ID : SB17.9257	
Purpose of Disbursement SZOLD REIMBURSEMENT: OFFICE SUPPLIES		Category/Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. MARKET BASKET			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 230 S MAIN STREET			Amount of Each Disbursement this Period 78.81	
City MIDDLETON	State MA	Zip Code 01949	Transaction ID : SB17.9263	
Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES		Category/Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. MARKET BASKET

Mailing Address 230 S MAIN STREET

City MIDDLETON State MA Zip Code 01949

Purpose of Disbursement
AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 03 / 2014

Amount of Each Disbursement this Period: 8.95

Transaction ID : SB17.6935

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MASSACHUSETTS PORT AUTHORITY

Mailing Address 1 HARBORSIDE DRIVE

City BOSTON State MA Zip Code 02128

Purpose of Disbursement
AMEX 4/21/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2014

Amount of Each Disbursement this Period: 10.00

Transaction ID : SB17.6886

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MERCHANT WAREHOUSE

Mailing Address PO BOX 6600

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 02 / 2014

Amount of Each Disbursement this Period: 667.75

Transaction ID : SB17.9131

SUBTOTAL of Disbursements This Page (optional) 667.75

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 204 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MERCHANT WAREHOUSE		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO BOX 6600		Amount of Each Disbursement this Period 812.79 Transaction ID : SB17.9132
City HAGERSTOWN	State MD	
Zip Code 21740	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MERCHANT WAREHOUSE		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO BOX 6600		Amount of Each Disbursement this Period 167.86 Transaction ID : SB17.9133
City HAGERSTOWN	State MD	
Zip Code 21740	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 111.66 Transaction ID : SB17.9210
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1092.31
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 205 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 100.90 Transaction ID : SB17.9211
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9225
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9231
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3600.90
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 206 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9237
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9243
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHELSEY NEUHAUS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9249
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 207 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHELSEY NEUSHAUS		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.9218
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NEWBURYPORT SIGNS & GRAPHICS		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 120 PLEASANT ST		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.9137
City NEWBURYPORT	State MA	
Zip Code 01950	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NEWBURYPORT SIGNS & GRAPHICS		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 120 PLEASANT ST		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.9138
City NEWBURYPORT	State MA	
Zip Code 01950	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 208 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. NORTH OF BOSTON MEDIA GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99
City NORTH ANDOVER State MA Zip Code 01845	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6925 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NORTH OF BOSTON MEDIA GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99
City NORTH ANDOVER State MA Zip Code 01845	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.6940 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NORTH SHORE CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 5 CHERRY HILL DRIVE		Amount of Each Disbursement this Period 150.00
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.6905 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 209 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. NORTH SHORE CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 5 CHERRY HILL DRIVE		Amount of Each Disbursement this Period 37.00
City DANVERS State MA Zip Code 01923	Transaction ID : SB17.6943	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: EVENT REGISTRATION FEE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. NORTH SHORE PRIDE		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address PO BOX 355		Amount of Each Disbursement this Period 1000.00
City MANCHESTER State MA Zip Code 01944	Transaction ID : SB17.9140	
Purpose of Disbursement EVENT REGISTRATION FEE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. NORTH SHORE PRIDE		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 355		Amount of Each Disbursement this Period 150.00
City MANCHESTER State MA Zip Code 01944	Transaction ID : SB17.9141	
Purpose of Disbursement EVENT REGISTRATION FEE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 210 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. NUGENT PHOTOGRAPHY		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 56 CANTERBURY RD		Amount of Each Disbursement this Period 5,000.00 100.00
City YARMOUTH PORT State MA Zip Code 02675	Purpose of Disbursement SZOLD REIMBURSEMENT: PHOTOGRAPHY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.9256 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NUGENT PHOTOGRAPHY		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 56 CANTERBURY RD		Amount of Each Disbursement this Period 5,000.00 150.00
City YARMOUTH PORT State MA Zip Code 02675	Purpose of Disbursement PHOTOGRAPHY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.9142
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. OPERATION TROOP SUPPORT		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 16 TRINITY STREET		Amount of Each Disbursement this Period 5,000.00 5100.00
City DANVERS State MA Zip Code 01923	Purpose of Disbursement CHARITABLE CONTRIBUTION	
Candidate Name	Category/Type	Transaction ID : SB17.9144
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).....	5250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 211 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PANERA BREAD		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 228 MAIN STREET		Amount of Each Disbursement this Period 6.40
City WILMINGTON	State MA	
Zip Code 01887	Purpose of Disbursement NEUHAUS REIMBURSEMENT: TRAVEL: FOOD	Transaction ID : SB17.9272
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. PEABODY MUNICIPAL LIGHT PLANT		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 201 WARREN STREET EXT		Amount of Each Disbursement this Period 700.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement UTILITIES	Transaction ID : SB17.9146
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2413.19
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLAINCE CONSULTING	Transaction ID : SB17.9147
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).....	3113.19
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 212 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2400.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLAINCE CONSULTING Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 1230.90
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLAINCE CONSULTING Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2464.35
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLAINCE CONSULTING Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6095.25
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 213 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. REDS KITCHEN AND TAVERN		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 131 NEWBURY STREET		Amount of Each Disbursement this Period 27.90
City PEABODY State MA Zip Code 01960	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD	
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)	Transaction ID : SB17.6918 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. RESIDENCE INN		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1199 VERMONT AVENUE		Amount of Each Disbursement this Period 433.96
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.6892 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RISTORANTE MARCELLINO		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 11 COOPER STREET		Amount of Each Disbursement this Period 675.00
City WALTHAM State MA Zip Code 02453	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.6960 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 214 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. TIM ROGERS			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014		
Mailing Address 4018 9TH STREET SOUTH			Amount of Each Disbursement this Period 450.00		
City ARLINGTON	State VA	Zip Code 22204	Transaction ID : SB17.9209		
Purpose of Disbursement FUNDRAISING CONSULTIING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. SEAPORT HOTEL GARAGE			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014		
Mailing Address 1 SEAPORT LANE			Amount of Each Disbursement this Period 28.00		
City BOSTON	State MA	Zip Code 02210	Transaction ID : SB17.6951		
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: PARKING SERVICES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. SOMETHING ELSE STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014		
Mailing Address 212 GOLDEN WILLOW COURT			Amount of Each Disbursement this Period 20800.00		
City EASLEY	State SC	Zip Code 29642	Transaction ID : SB17.9152		
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	21250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 215 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. SOMETHING ELSE STRATEGIES

Mailing Address 212 GOLDEN WILLOW COURT

City EASLEY State SC Zip Code 29642

Purpose of Disbursement VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2014

Amount of Each Disbursement this Period: 10700.00

Transaction ID : SB17.9153

Category/Type

Full Name (Last, First, Middle Initial)
B. STANDARD PARKING

Mailing Address 149 NEWBURY STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: PARKING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2014

Amount of Each Disbursement this Period: 38.00

Transaction ID : SB17.6901

[MEMO ITEM]

Category/Type

Full Name (Last, First, Middle Initial)
C. STAPLES

Mailing Address 301 NEWBURY STREET

City DANVERS State MA Zip Code 01923

Purpose of Disbursement SZOLD REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 19 / 2014

Amount of Each Disbursement this Period: 106.53

Transaction ID : SB17.9258

[MEMO ITEM]

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 10700.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 216 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 301 NEWBURY STREET		Amount of Each Disbursement this Period 2014 133.84
City DANVERS State MA Zip Code 01923	Purpose of Disbursement SZOLD REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9259 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STOP & SHOP		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 19 HOWLEY ST		Amount of Each Disbursement this Period 2014 12.73
City PEABODY State MA Zip Code 01960	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9270 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 2014 204.53
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.9155
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).....	204.53
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 217 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 38.75	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9156	
Purpose of Disbursement MERCHANT FEES		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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 54.46	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9157	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 421.58	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9158	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	514.79
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 218 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 33.35		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9159		
Purpose of Disbursement MERCHANT FEES		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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 8.20		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9160		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 20.05		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9161		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	61.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 219 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 506.43 Transaction ID : SB17.9162
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 6.53 Transaction ID : SB17.9163
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 39.80 Transaction ID : SB17.9164
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	552.76
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 220 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 39.80	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9165	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 4.47	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9166	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 87.50	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9167	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	131.77
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 221 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 119.70	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9168	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 2.28	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9169	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 306.74	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9170	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	428.74
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 222 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 32.20	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9171	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 217.28	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9172	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 69.14	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9173	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	318.62
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 223 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 309.90
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9174
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. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 55.85
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9175
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. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 255.83
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.9176
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).....	621.58
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 224 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 11.97	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9177	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 22.33	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9178	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 31.13	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9179	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	65.43
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 225 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 42.08	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9180	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 60.16	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9181	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 21.54	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9182	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	123.78
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 226 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 21.54 Transaction ID : SB17.9183
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 4.25 Transaction ID : SB17.9184
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 415.66 Transaction ID : SB17.9185
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	441.45
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 227 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 4.25 Transaction ID : SB17.9186
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 16.91 Transaction ID : SB17.9187
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 94.82 Transaction ID : SB17.9188
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	115.98
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 228 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 112.42 Transaction ID : SB17.9189
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 55.62 Transaction ID : SB17.9190
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 92.90 Transaction ID : SB17.9191
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	260.94
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 229 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 737.73	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9192	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 423.25	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.9193	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. SUNOCO			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 700 BROADWAY			Amount of Each Disbursement this Period 51.16	
City SAUGUS	State MA	Zip Code 01906	Transaction ID : SB17.6912	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FUEL		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1160.98
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 230 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 700 BROADWAY		Amount of Each Disbursement this Period 15.92
City SAUGUS	State MA Zip Code 01906	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: FUEL		Transaction ID : SB17.6938
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SWISSBAKERS		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 32 LINCOLN STREET		Amount of Each Disbursement this Period 31.15
City READING	State MA Zip Code 01867	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: CATERING SERVICES		Transaction ID : SB17.6914
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00
City LYNNFIELD	State MA Zip Code 01940	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.9219
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 245		
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 149.39 Transaction ID : SB17.9198
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9226
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9232
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4149.39
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 232 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 4106.53 Transaction ID : SB17.9199
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9238
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9244
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4106.53
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 233 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2183.84 Transaction ID : SB17.9200
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHARLES SZOLD		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.9250
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TARGET		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 123.77 Transaction ID : SB17.6907 [MEMO ITEM]
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2183.84
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 234 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. TARGET		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 8.05
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6939 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TARGET		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period -8.05
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6949 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TARGET		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 7.75
City DANVERS State MA Zip Code 01923	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9264 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 235 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. TARGET		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 240 INDEPENDENCE WAY		Amount of Each Disbursement this Period 31.77
City DANVERS State MA Zip Code 01923	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9266 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. TASTE OF METRO NORTH 2014		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address PO BOX 61		Amount of Each Disbursement this Period 50.00
City READING State MA Zip Code 01867	Purpose of Disbursement NEUHAUS REIMBURSEMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.9268 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. TAXI MAGIC		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 5904 RICHMOND HWY		Amount of Each Disbursement this Period 25.30
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.6884 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 236 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE CATALYST GROUP RW, LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014		
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330			Amount of Each Disbursement this Period 4100.31		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.9194		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. THE CATALYST GROUP RW, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014		
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330			Amount of Each Disbursement this Period 2000.00		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.9195		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 564 BROADWAY			Amount of Each Disbursement this Period 66.81		
City SAUGUS	State MA	Zip Code 01906	Transaction ID : SB17.9262		
Purpose of Disbursement FARRENKOPF REIMBURSEMENT: OFFICE SUPPLIES		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	6100.31
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 237 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 564 BROADWAY		Amount of Each Disbursement this Period 39.79
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6936 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 564 BROADWAY		Amount of Each Disbursement this Period 80.57
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6937 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE PAPER STORE		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 53 DODGE STREET		Amount of Each Disbursement this Period 21.25
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6958 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 238 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. THRIFTCO PRINTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 26 HOWLEY STREET		Amount of Each Disbursement this Period 2017.39
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement CAMPAIGN PROMOTIONAL	Transaction ID : SB17.9196
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. UNION SQUARE EVENTS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 640 W 28TH STREET		Amount of Each Disbursement this Period 816.57
City NEW YORK	State NY	
Zip Code 10001	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: CATERING SERVICES	Transaction ID : SB17.6953
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 151 RANTOUL STREET		Amount of Each Disbursement this Period 343.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: POSTAGE	Transaction ID : SB17.6916
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2017.39
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 239 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 514.00
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	Transaction ID : SB17.6871 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 230.00
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	Transaction ID : SB17.6872 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 200.00
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	Transaction ID : SB17.6873 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 240 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 60.00
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	Transaction ID : SB17.6874 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 200.00
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	Transaction ID : SB17.6875 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 522.00
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	Transaction ID : SB17.6948 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 241 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 37.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6954
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 25.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6955
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 614.00
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.6956
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 245			
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 11.20
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement KORB REIMBURSEMENT: POSTAGE	Transaction ID : SB17.9254
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. V.I.P CAB COMPANY		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 2606 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 14.33
City WASHINGTON	State DC	
Zip Code 20018	Purpose of Disbursement AMEX 4/21/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.6882
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. WAL-MART		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 55 BROOKSBY VILLAGE WAY		Amount of Each Disbursement this Period 432.22
City DANVERS	State MA	
Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.6933
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 243 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. WAL-MART		Date of Disbursement MM / DD / YYYY 05 / 06 / 2014
Mailing Address 55 BROOKSBY VILLAGE WAY		Amount of Each Disbursement this Period -33.38
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6941 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement MM / DD / YYYY 05 / 06 / 2014
Mailing Address 55 BROOKSBY VILLAGE WAY		Amount of Each Disbursement this Period 2.06
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.6942 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. WAL-MART		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 55 BROOKSBY VILLAGE WAY		Amount of Each Disbursement this Period 25.10
City DANVERS State MA Zip Code 01923	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.9265 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 244 OF 245	
	<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)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. WALL STREET JOURNAL		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 10 POST OFFICE SQUARE		Amount of Each Disbursement this Period 413.40
City BOSTON	State MA Zip Code 02109	
Purpose of Disbursement AMEX 6/16/14 CC PAYMENT: ONLINE SUBSCRIPTION		Transaction ID : SB17.6920
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) 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		
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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	217337.58

**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 245 OF 245	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. MAUREEN KIDD		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 118 MAIN ST.		Amount of Each Disbursement this Period 100.00
City TOPSFIELD	State MA	
Zip Code 01983	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.9212
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Transaction ID
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Transaction ID
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	100.00