

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

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

Type or Print Name of Treasurer David Horan

Signature of Treasurer David Horan *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 15 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Marilinda Garcia for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	127913.02	69050.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	127913.02	69050.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	69541.38	44622.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	69541.38	44622.82
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	124605.22	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Marilinda Garcia for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100470.90	54600.00
(ii) Unitemized.....	13742.12	9350.00
(iii) TOTAL of contributions from individuals ▶	114213.02	63950.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13700.00	5100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	127913.02	69050.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	7587.10	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	135500.12	69050.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	69541.38	44622.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	69541.38	44622.82

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	58646.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	135500.12
25. SUBTOTAL (add Line 23 and Line 24).....	194146.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69541.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	124605.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Allison**

Mailing Address 205 Shamrock Trail Rd

City Lewisville State NC Zip Code 27023

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 / 26 / 2014

**Transaction ID : SA11AI.5081**

Amount of Each Receipt this Period  
 2000.00

Donation

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

Mailing Address PO Box 5254

City Hanover State NH Zip Code 03755-5254

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

Name of Employer White Mountains Ins 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  
 06 / 30 / 2014

**Transaction ID : SA11AI.5197**

Amount of Each Receipt this Period  
 1000.00

Donation

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

Mailing Address 1155 New Bridge Trace

City Atlanta State GA Zip Code 30319

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

Name of Employer VP Occupation Coca Cola

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.5653**

Amount of Each Receipt this Period  
 1000.00

Donation

**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: PAGE 6 OF 69  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Don Bettencourt**

Mailing Address 101 Fernwood Point Road

City State Zip Code  
Sunapee NH 03782

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

Name of Employer Occupation  
Aquatics For Life, Inc. CFO

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  
 06 29 2014

**Transaction ID : SA11AI.5161**

Amount of Each Receipt this Period  
 250.00

Donation

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

Mailing Address 218 Wallis Rd

City State Zip Code  
Rye NH 03870

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

Name of Employer Occupation  
Gateway Urology Urologist

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  
 05 13 2014

**Transaction ID : SA11AI.4696**

Amount of Each Receipt this Period  
 1000.00

Donation

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

Mailing Address 410 Park Ave  
16th Floor

City State Zip Code  
New York NY 10002

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

Name of Employer Occupation  
CL King Investor

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  
 06 20 2014

**Transaction ID : SA11AI.5021**

Amount of Each Receipt this Period  
 250.00

Donation

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Megan Bloomgren**

Mailing Address 5913 Skyline Ct

City Alexandria State VA Zip Code 22311

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

Name of Employer DCI Group 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 / 18 / 2014

**Transaction ID : SA11AI.5060**

Amount of Each Receipt this Period  
250.00

Donation

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

Mailing Address 12653 N 79th St

City Scottsdale State AZ Zip Code 85260

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.5234**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 24 Boxer Rd

City Bedford State NH Zip Code 03110

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

Name of Employer Greater NH Resteraunts Inc Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1731.90

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

**Transaction ID : SA11AI.5314**

Amount of Each Receipt this Period  
1731.90

In-kind -

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

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

2481.90

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Lenore Broughton**

Mailing Address 52 Henry St

City Burlington State VT Zip Code 05401

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

Name of Employer Self-Employed Occupation Business Owner

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.5229**

Amount of Each Receipt this Period  
 2600.00

Donation

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

Mailing Address 340 Marlborough St

City Boston State MA Zip Code 21115

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

Name of Employer ARBY Partners Occupation Partner

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.4895**

Amount of Each Receipt this Period  
 1000.00

Donation

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

Mailing Address 1331 S Eads St  
Apt 706

City Alexandria State VA Zip Code 22202

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

Name of Employer The Libre Initiative Occupation Chief of Staff

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.5125**

Amount of Each Receipt this Period  
 500.00

Donation

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

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

4100.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Jim Chamberlain</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014	
Mailing Address 1050 W Washington St Suite 214		<b>Transaction ID : SA11AI.4964</b>	
City State Zip Code Tempe AZ 85281	Amount of Each Receipt this Period 2000.00 Donation		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Chamberlain Enterprise 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) <b>B. Robert Clark Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 10510 Moxley Rd		<b>Transaction ID : SA11AI.5285</b>	
City State Zip Code Damascus MD 20872	Amount of Each Receipt this Period 250.00 Donation		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Information Requested Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Cruess</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 6 Orchard View Dr		<b>Transaction ID : SA11AI.5107</b>	
City State Zip Code Amherst NH 03031	Amount of Each Receipt this Period 500.00 Donation		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation RG Morom Inc Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 3400 Woodland Ln

City Alexandria State VA Zip Code 22309

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

Name of Employer Foirfax County Schools Occupation Teachers

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
475.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11AI.5166**

Amount of Each Receipt this Period  
475.00

Donation

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

Mailing Address 3400 Woodland Ln

City Alexandria State VA Zip Code 22309

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

Name of Employer Foirfax County Schools Occupation Teachers

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.5146**

Amount of Each Receipt this Period  
25.00

Donation

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

Mailing Address 4414 29th St NW

City Washington State DC Zip Code 22008

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

Name of Employer Blank Rome Occupation 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 / 13 / 2014

**Transaction ID : SA11AI.4974**

Amount of Each Receipt this Period  
500.00

Donation

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

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

**A.** Full Name (Last, First, Middle Initial)  
**William Deurig**

Mailing Address 340 summer st

City peterborough State NH Zip Code 03458

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 19 / 2014

**Transaction ID : SA11AI.4945**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 48 Donovan Rd

City Deering State NH Zip Code 03244

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

Name of Employer Rose Meadow Farm Occupation 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 / 12 / 2014

**Transaction ID : SA11AI.4979**

Amount of Each Receipt this Period  
300.00

Donation

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

Mailing Address 126 Ottawa Ave NW  
STE 500

City Grand Rapids State MI Zip Code 49503

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

Name of Employer The Windquest Group Occupation President

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 / 31 / 2014

**Transaction ID : SA11AI.4912**

Amount of Each Receipt this Period  
2000.00

Donation

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Edward Diefenthal**

Mailing Address 131 Airline Dr  
Suite 202

City State Zip Code  
Metairie LA 70001

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

Name of Employer Occupation  
Woodvine Group 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  
 06 / 26 / 2014

**Transaction ID : SA11AI.5047**

Amount of Each Receipt this Period  
2600.00

Donation

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

Mailing Address 131 Airline Dr  
Suite 202

City State Zip Code  
Metairie LA 70001

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

Name of Employer Occupation  
Woodvine Group 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  
 06 / 26 / 2014

**Transaction ID : SA11AI.5050**

Amount of Each Receipt this Period  
2600.00

Donation

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

Mailing Address 17 Gay Farm Rd

City State Zip Code  
New London NH 03257

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

Name of Employer Occupation  
Self-Employed 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 / 12 / 2014

**Transaction ID : SA11AI.4855**

Amount of Each Receipt this Period  
250.00

Donation

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Laura Drain**

Mailing Address 11951 Sentinel Point Ct

City Reston State VA Zip Code 20191

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

Name of Employer Alcanzando Metas Foundation 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  
 06 / 27 / 2014

**Transaction ID : SA11AI.5094**

Amount of Each Receipt this Period  
 300.00

Donation

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

Mailing Address 104 Windsor Dr

City Auburn State NH Zip Code 03032

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

Name of Employer Self-Employed Occupation Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5265**

Amount of Each Receipt this Period  
 2600.00

Donation

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

Mailing Address 31 W Parish Rd

City Concord State NH Zip Code 03301

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

Name of Employer Devine Millimet Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : SA11AI.5013**

Amount of Each Receipt this Period  
 250.00

Donation

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

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

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

Mailing Address 139 Juniper Road

City Belmont State MA Zip Code 02487

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

Name of Employer NA Occupation Financier

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.5634**

Amount of Each Receipt this Period  
 450.00

Donation

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

Mailing Address 606 N Hudson St

City Arlington State VA Zip Code 22201

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4976**

Amount of Each Receipt this Period  
 500.00

Donation

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

Mailing Address 18 Gray Ct

City Rye State NH Zip Code 03870

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 / 10 / 2014

**Transaction ID : SA11AI.5008**

Amount of Each Receipt this Period  
 250.00

Donation

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Gerardine Ferlins**

Mailing Address 88 Dow Rd

City Hollis State NH Zip Code 03049

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

Name of Employer Certronics 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 / 19 / 2014

**Transaction ID : SA11AI.5066**

Amount of Each Receipt this Period  
 250.00

Donation

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

Mailing Address 61 Christian Hill Rd

City Amherst State NH Zip Code 03031

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.5167**

Amount of Each Receipt this Period  
 500.00

Donation

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

Mailing Address 4 Fox Hollow Ct

City East Kingston State NH Zip Code 03827

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

Name of Employer Foy Insurance 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 / 04 / 2014

**Transaction ID : SA11AI.5257**

Amount of Each Receipt this Period  
 1000.00

Donation

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

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

Full Name (Last, First, Middle Initial) <b>A. Foster Friess</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2014	
Mailing Address PO Box 9790		<b>Transaction ID : SA11AI.5269</b>	
City Jackson	State WY	Zip Code 83002	Amount of Each Receipt this Period _____ 1000.00 Donation
FEC ID number of contributing federal political committee.		C	
Name of Employer Freiss Associates LLC	Occupation Advisor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Carlos Fuentes</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 78 Century Lane		<b>Transaction ID : SA11AI.4806</b>	
City Watchung	State NJ	Zip Code 07069	Amount of Each Receipt this Period _____ 500.00 Donation
FEC ID number of contributing federal political committee.		C	
Name of Employer Federal Reserve Bank of NY	Occupation Technology Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Jerry Gappens</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2014	
Mailing Address 10 Breaburn Court		<b>Transaction ID : SA11AI.5317</b>	
City Bedford	State NH	Zip Code 03110	Amount of Each Receipt this Period _____ 2600.00 In-kind -
FEC ID number of contributing federal political committee.		C	
Name of Employer NH Speedway	Occupation Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 4100.00
<b>TOTAL</b> This Period (last page this line number only).....	_____



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Lucy Gappens**

Mailing Address 10 Breaburn Court

City State Zip Code  
Bedford NH 03310

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  
2320.00

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

**Transaction ID : SA11AI.5320**

Amount of Each Receipt this Period  
2320.00

In-kind -

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

Mailing Address 4135 Seminary Rd

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation Information Requested  
Altra Client Services SR VP

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 / 13 / 2014

**Transaction ID : SA11AI.4972**

Amount of Each Receipt this Period  
2600.00

Donation

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

Mailing Address 1101 K St NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation Information Requested  
Clark, Lytle, Geduldig Lobbyist

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 / 13 / 2014

**Transaction ID : SA11AI.4708**

Amount of Each Receipt this Period  
250.00

Donation

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

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

5170.00

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

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

Full Name (Last, First, Middle Initial) <b>Robert Gerseny</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 11 Sugar Hill Rd		<b>Transaction ID : SA11AI.4874</b>
City Hopkinton	State NH	Zip Code 03229
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer Cambridge Associates	Occupation Chief Fiduciary Officer	Donation
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) <b>Leslie Gilliam</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address PO Box 820		<b>Transaction ID : SA11AI.5170</b>
City Keswick	State VA	Zip Code 22947
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Cumberland Development Center	Occupation Manager	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>Leslie Gilliam</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address PO Box 820		<b>Transaction ID : SA11AI.5172</b>
City Keswick	State VA	Zip Code 22947
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Cumberland Development Center	Occupation Manager	Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Marvin Gilliam**

Mailing Address 16104 Colleton Ct

City Bristol State VA Zip Code 24202

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

Name of Employer Cumberland Resources Occupation Coal Operator

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.5085**

Amount of Each Receipt this Period  
 2600.00

Donation

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

Mailing Address PO Box 820

City Keswick State VA Zip Code 22947

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

Name of Employer Cumberland Development Center 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 / 27 / 2014

**Transaction ID : SA11AI.5173**

Amount of Each Receipt this Period  
 2600.00

Donation

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

Mailing Address PO Box 820

City Keswick State VA Zip Code 22947

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

Name of Employer Cumberland Development Center 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 / 27 / 2014

**Transaction ID : SA11AI.5175**

Amount of Each Receipt this Period  
 2600.00

Donation

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Gould**

Mailing Address **2 Parsons Way**

City **Bow** State **NH** Zip Code **03304**

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 **250.00**

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

**Transaction ID : SA11AI.4789**

Amount of Each Receipt this Period  
**250.00**

Donation

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

Mailing Address **226 Wilton Rd**

City **Peterborough** State **NH** Zip Code **03458**

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

Name of Employer **Self-Employed** Occupation **Businessman**

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.5195**

Amount of Each Receipt this Period  
**1000.00**

Donation

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

Mailing Address **12 Aspen Land**

City **Beford** State **NH** Zip Code **03110**

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

Name of Employer **Rockmon Management Partners** Occupation **Partner**

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 / 26 / 2014**

**Transaction ID : SA11AI.5083**

Amount of Each Receipt this Period  
**2600.00**

Donation

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

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

**3850.00**

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Lisa Harrison**

Mailing Address 8323 Argent Cir

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Occupation  
American Chemistry Council 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  
06 / 20 / 2014

**Transaction ID : SA11AI.5078**

Amount of Each Receipt this Period  
250.00

Donation

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

Mailing Address 14 Echo Cove Rd

City State Zip Code  
Newbury NH 03255

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 / 29 / 2014

**Transaction ID : SA11AI.5255**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 1236 Derbyshire Rd

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
DCI Group Communications

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.5129**

Amount of Each Receipt this Period  
250.00

Donation

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Dennis Hiller**

Mailing Address **PO Box 518**

City **Jackson** State **NH** Zip Code **04274**

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

Name of Employer **Hiller Orthodontics** Occupation **Owner**

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 / 03 / 2014**

**Transaction ID : SA11AI.4872**

Amount of Each Receipt this Period  
**1000.00**

Donation

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

Mailing Address **5 Anthony Circle**

City **Nashua** State **NH** Zip Code **03062**

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 **989.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 31 / 2014**

**Transaction ID : SA11AI.5192**

Amount of Each Receipt this Period  
**989.00**

In-kind -

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

Mailing Address **5 Anthony Circle**

City **Nashua** State **NH** Zip Code **03062**

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 **1189.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : SA11AI.5651**

Amount of Each Receipt this Period  
**200.00**

Donation

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

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

**2189.00**

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Beatrice Hughes**

Mailing Address 5 Anthony Circle

City State Zip Code  
Nashua NH 03062

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

Name of Employer Occupation  
Self Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1239.00

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

**Transaction ID : SA11AI.5188**

Amount of Each Receipt this Period  
50.00

Donation

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

Mailing Address 1140 Connecticut Ave  
1100

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
Ibarra Strategy 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  
 04 / 04 / 2014

**Transaction ID : SA11AI.4937**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 340 Commercial St

City State Zip Code  
Manchester NH 03101

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

Name of Employer Occupation  
DEKA Research 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  
 06 / 23 / 2014

**Transaction ID : SA11AI.5004**

Amount of Each Receipt this Period  
2600.00

Donation

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

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

Full Name (Last, First, Middle Initial) <b>A. jeane Kangas</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 959 Hill Rd		<b>Transaction ID : SA11AI.4919</b>	
City Boxborough	State MA	Zip Code 01719	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Arnold and Kangas PC	Occupation Lawyer		
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>B. David Koch</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 106 N Main St		<b>Transaction ID : SA11AI.4706</b>	
City Wichita	State KS	Zip Code 67202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Koch Industries	Occupation VP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. Emily Lampkin</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1640 Davidson Rd		<b>Transaction ID : SA11AI.5222</b>	
City McLean	State VA	Zip Code 22101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer DCI Group	Occupation Public Affairs		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1 Fieldstone Dr

City State Zip Code  
Bedford NH 03110

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

Name of Employer Occupation  
Workplace Benefit Solutions Principal

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.5114**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 32 Dumbarton Oaks

City State Zip Code  
Stratham NH 03885

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

Name of Employer Occupation  
Measured Wealth Senior 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 / 11 / 2014

**Transaction ID : SA11AI.4813**

Amount of Each Receipt this Period  
250.00

Donation

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

Mailing Address 32 Dumbarton Oaks

City State Zip Code  
Stratham NH 03885

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

Name of Employer Occupation  
Measured Wealth Senior 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  
 06 / 24 / 2014

**Transaction ID : SA11AI.5012**

Amount of Each Receipt this Period  
250.00

Donation

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey Luter**

Mailing Address 119 Hollis Rd

City Amherst State NH Zip Code 03031

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5103**

Amount of Each Receipt this Period  
 500.00

Donation

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

Mailing Address 3753 Oliver St Nw

City Washington State DC Zip Code 20015

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

Name of Employer Information Requested Occupation Information Requested  
 Ryan MacKinnon Lobbyist

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.5135**

Amount of Each Receipt this Period  
 1000.00

Donation

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

Mailing Address 55 Wallingford Ter

City Weare State NH Zip Code 03281

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

Name of Employer Information Requested Occupation Information Requested  
 Weare Orthodontics Owner

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.5031**

Amount of Each Receipt this Period  
 760.00

Donation

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

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

2260.00

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Chris Masone**

Mailing Address 11 Glenwood Rd

City Windham State NH Zip Code 03087

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

Name of Employer Secretary Occupation AMA Office Solutions

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11AI.5309**

Amount of Each Receipt this Period  
 1000.00

In-kind -

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

Mailing Address 11 Glenwood Rd

City Windham State NH Zip Code 03087

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

Name of Employer AMA Office Furnishing 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 / 03 / 2014

**Transaction ID : SA11AI.5311**

Amount of Each Receipt this Period  
 2600.00

In-kind -

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

Mailing Address 157 Shaker Rd

City Canterbury State NH Zip Code 03224

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

Name of Employer DCI Group Occupation Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : SA11AI.4902**

Amount of Each Receipt this Period  
 1000.00

Donation

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

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

4600.00

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Ann McCain**

Mailing Address 4411 Connecticut Ave  
418

City Washington State DC Zip Code 20008

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

Name of Employer DCI Group 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 / 18 / 2014

**Transaction ID : SA11AI.4966**

Amount of Each Receipt this Period  
250.00

Donation

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

Mailing Address 4 Balsam Court

City Bedford State NH Zip Code 03110

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4753**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 700 Suncook Valley Hwy

City Epsom State HI Zip Code 03234

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

Name of Employer State of New Hampshire Occupation Representative

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 / 09 / 2014

**Transaction ID : SA11AI.4866**

Amount of Each Receipt this Period  
600.00

Donation

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Daniel McGuire**

Mailing Address 700 Suncook Valley Hwy

City Epsom State HI Zip Code 03234

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

Name of Employer State of New Hampshire Occupation Representative

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 / 09 / 2014

**Transaction ID : SA11AI.5765**

Amount of Each Receipt this Period  
 900.00

Donation

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

Mailing Address 83 Waldron Hill Rd

City Warner State NH Zip Code 03278

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

Name of Employer Norwood Group Occupation Senior 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 / 04 / 2014

**Transaction ID : SA11AI.4887**

Amount of Each Receipt this Period  
 250.00

Donation

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

Mailing Address 83 Waldron Hill Rd

City Warner State NH Zip Code 03278

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

Name of Employer Norwood Group Occupation Senior VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : SA11AI.4983**

Amount of Each Receipt this Period  
 20.00

Donation

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

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

1170.00

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Corbin Miller**

Mailing Address 1165 5th Ave

City State Zip Code  
New York NY 10029

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

Name of Employer Occupation  
Self-Employed Investor

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 / 23 / 2014

**Transaction ID : SA11AI.5002**

Amount of Each Receipt this Period  
 1000.00

Donation

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

Mailing Address 75 Yellow Wings Rd

City State Zip Code  
Harrisville NH 03450

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

Name of Employer Occupation  
SCM Associates Office 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  
 06 / 30 / 2014

**Transaction ID : SA11AI.5224**

Amount of Each Receipt this Period  
 250.00

Donation

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

Mailing Address 9586 E Havasupai Dr

City State Zip Code  
Scottsdale AZ 85255

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

Name of Employer Occupation  
Sodexo SVP

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 / 07 / 2014

**Transaction ID : SA11AI.4843**

Amount of Each Receipt this Period  
 250.00

Donation

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

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

Full Name (Last, First, Middle Initial) <b>A. Arthur Norton</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 609 Otter Rd		<b>Transaction ID : SA11AI.4802</b>
City Grantham	State NH	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Consultant	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. David Olivencia</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 10320 Cherrywood Ln		<b>Transaction ID : SA11AI.4841</b>
City Munster	State IL	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer Softtek	Occupation SVP	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. James Perkins</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 95 Main St		<b>Transaction ID : SA11AI.4702</b>
City Henniker	State NH	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer Little Green Hydro	Occupation CEO	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 32 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Bernard Perry III**

Mailing Address 83 Grant St

City Manchester State NH Zip Code 03104

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

Name of Employer Occupation  
Printer's Square Consulting

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.5291**

Amount of Each Receipt this Period  
 350.00

Donation

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

Mailing Address 10301 Chapel Rd

City Potomac State MD Zip Code 20854

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

Name of Employer Occupation  
Williams & Jensen PLLC Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.4712**

Amount of Each Receipt this Period  
 1000.00

Donor

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

Mailing Address 311 S Fillmore St

City Arlington State VA Zip Code 22204

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.4815**

Amount of Each Receipt this Period  
 250.00

Donation

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

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

1600.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Tracy Price**

Mailing Address 25241 Rockridge Rd

City Laguna Hills State CA Zip Code 92653

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

Name of Employer ABM Facility Solutions 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 / 26 / 2014

**Transaction ID : SA11AI.5105**

Amount of Each Receipt this Period  
 500.00

Donation

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

Mailing Address 5576 La Vista Dr

City Alexandria State VA Zip Code 22310

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

Name of Employer Tidwell Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.4781**

Amount of Each Receipt this Period  
 1000.00

Donation

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

Mailing Address 18 The Flume

City Amherst State NH Zip Code 03031

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

Name of Employer Grubb & Ellis 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 / 27 / 2014

**Transaction ID : SA11AI.5100**

Amount of Each Receipt this Period  
 300.00

Donation

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

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

1800.00

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

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

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

Mailing Address 5815 Summit St

City State Zip Code  
Kansas City MT 64113

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

Name of Employer Occupation  
Schur Mangament Investor

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 / 21 / 2014

**Transaction ID : SA11AI.4772**

Amount of Each Receipt this Period  
250.00

Donation

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

Mailing Address 59 White Fall Lane

City State Zip Code  
New Canaan CT 06840

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

Name of Employer Occupation  
Church Pension Group Chief Investment Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2014

**Transaction ID : SA11AI.5300**

Amount of Each Receipt this Period  
1000.00

Donation

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

Mailing Address 243 Mountain Dr

City State Zip Code  
Gilford NH 03249

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 19 / 2014

**Transaction ID : SA11AI.4770**

Amount of Each Receipt this Period  
250.00

Donation

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

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

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

Mailing Address 1320 Kurtz Rd

City McLean State VA Zip Code 22101

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

Name of Employer Boeing 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  
 05 / 14 / 2014

**Transaction ID : SA11AI.4819**

Amount of Each Receipt this Period  
 500.00

Donation

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

Mailing Address PO Box 808

City New Castle State NH Zip Code 03854

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.5098**

Amount of Each Receipt this Period  
 500.00

Donation

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

Mailing Address 239 W 100th St  
3F

City New York State NY Zip Code 10025

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

Name of Employer Self-Employed Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5214**

Amount of Each Receipt this Period  
 2600.00

Donation

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

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

Full Name (Last, First, Middle Initial) <b>Corinne Spence</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2921 Laurel Drive		<b>Transaction ID : SA11AI.5294</b>
City Sacramento	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Information Requested	Occupation Information Requested	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>Craig Stevens</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 130 McAllister Road		<b>Transaction ID : SA11AI.5059</b>
City Bedford	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested DCI Group	Occupation Information Requested PR Consultant	Donation
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>Craig Stevens</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 130 McAllister Road		<b>Transaction ID : SA11AI.5102</b>
City Bedford	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested DCI Group	Occupation Information Requested PR Consultant	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Seth Szold**

Mailing Address 11 Indian Hill Ln

City State Zip Code  
New Fairfield CT 06812

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

Name of Employer Occupation  
East West Renewable Power 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  
04 / 13 / 2014

**Transaction ID : SA11AI.4747**

Amount of Each Receipt this Period  
2600.00

Donation

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

Mailing Address 103 Whitford St

City State Zip Code  
Manchester NH 03104

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

Name of Employer Occupation  
Alex Vailas LLC 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 / 26 / 2014

**Transaction ID : SA11AI.5111**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 12125 Windsor Hall Way

City State Zip Code  
Hernadon VA 20170

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

Name of Employer Occupation  
Varcom Solutions 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.5202**

Amount of Each Receipt this Period  
500.00

Donation

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

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

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

Mailing Address 100 Pierce Hill Rd

City Bennington State NH Zip Code 03442

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

Name of Employer Monadnock Paper Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11AI.4914**

Amount of Each Receipt this Period  
**150.00**

Donation

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

Mailing Address 11 Fairfield Ln

City Stratham State NH Zip Code 03885

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  
 04 / 14 / 2014

**Transaction ID : SA11AI.4839**

Amount of Each Receipt this Period  
**250.00**

Donation

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

Mailing Address 150 North Market St

City Wichita State KS Zip Code 67202

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

Name of Employer JP Wigand and Sons Occupation Real Estate Agent

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.5051**

Amount of Each Receipt this Period  
**500.00**

Donation

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

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

**900.00**

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

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

Full Name (Last, First, Middle Initial) <b>Peter Weldon</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 700 Via Lombardy		<b>Transaction ID : SA11AI.5278</b>
City Winter Park	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Retired	Occupation Retired	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>Frank Whitcomb</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 354 Bay Point Rd		<b>Transaction ID : SA11AI.4829</b>
City Sunapee	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Frank Whitcomb Construction	Occupation Executive	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Robert Wieczorek</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 166 Concord St		<b>Transaction ID : SA11AI.5109</b>
City Manchester	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Wieczorek Insurance	Occupation Executive	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Matthew Yakovakis</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2014
Mailing Address 39 Juniper Dr		<b>Transaction ID : SA11A1.5162</b>
City Amherst	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer YR Limited	Occupation Owner	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	100470.90



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

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

**A.** Full Name (Last, First, Middle Initial)  
**AX PAC**

Mailing Address **PO BOX 538**

City **WAUSAU** State **WI** Zip Code **54402**

FEC ID number of contributing federal political committee. **C C00506535**

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 / 29 / 2014**

**Transaction ID : SA11C.5275**

Amount of Each Receipt this Period  
 1000.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**BRIDGEPOINT EDUCATION INC. PAC**

Mailing Address **13500 EVENING CREEK DR. NORTH SUITE 600**

City **SAN DIEGO** State **CA** Zip Code **92128**

FEC ID number of contributing federal political committee. **C C00478404**

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 / 27 / 2014**

**Transaction ID : SA11C.5250**

Amount of Each Receipt this Period  
 1000.00

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Choice in Health Care Committee**

Mailing Address **11 Washington Pl**

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

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 / 29 / 2014**

**Transaction ID : SA11C.5753**

Amount of Each Receipt this Period  
 1000.00

Donation

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

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

**A.** Full Name (Last, First, Middle Initial)  
**GOPAC ELECTION FUND**

Mailing Address 2300 Clarendon Blvd. Ste.1305

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00559740

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 / 30 / 2014

**Transaction ID : SA11C.5238**

Amount of Each Receipt this Period  
 2600.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address 600 14TH STREET, NW SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

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 / 29 / 2014

**Transaction ID : SA11C.5241**

Amount of Each Receipt this Period  
 2600.00

Donation

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

Mailing Address PO BOX 7439

City ARLINGTON State VA Zip Code 22207

FEC ID number of contributing federal political committee. **C** C00512020

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 / 16 / 2014

**Transaction ID : SA11C.5246**

Amount of Each Receipt this Period  
 500.00

Donation

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN B ANTHONY LIST INC. CANDIDATE FUND**

Mailing Address 1707 L STREET, NW  
SUITE 750

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00332296

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 Y  
 06 / 13 / 2014

**Transaction ID : SA11C.5248**

Amount of Each Receipt this Period  
2500.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**VALUE IN ELECTING WOMEN 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** C00327189

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 Y  
 06 / 29 / 2014

**Transaction ID : SA11C.5239**

Amount of Each Receipt this Period  
2500.00

Donation

**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).....

5000.00

13700.00

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

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

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

Mailing Address 228 S. Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA12.5749**

Amount of Each Receipt this Period  
 4109.68

Transfer of Joint Fundraising Proceeds

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

Mailing Address 228 S. Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA12.5751**

Amount of Each Receipt this Period  
 3477.42

Transfer of Joint Fundraising Proceeds

**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).....

7587.10

7587.10

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA12

Transaction ID : SA12.5749

Steve Hamilton - Hamilton Company Manufacturing/manufacturing - 7020 Franktown Road Washoe Valley NV 89704  
- 6/19 - \$2600 John Selbold - Retired - 7000 Pine Canyon Rd Carson City NV 89704 - 6/20 - \$2600 Elling  
Halvorson - Retired - 12515 Willows Rd NE Kirkland Washington 98034 - 6/23 - \$2600 Richard Weiss - Wells  
Capital Management/Investment Manager - 1304 Hawthorne Lane - Hinsdale IL 60521 -6/23 - \$2600

Form/Schedule: SA12

Transaction ID: SA12.5751

Steve Hamilton - Hamilton Company Manufacturing - 7020 Franktown Road Washoe Valley NV 89704 - 6/19 - \$2600  
John Selbold - Retired - 7000 Pine Canyon Rd Carson City NV 89704 - 6/20 - \$2600 Elling Halvorson -  
Retired - 12515 Willows Rd NE Kirkland Washington 98034 - 6/23 - \$2600 Richard Weiss - Wells Capital  
Management/Investment Manager - 1304 Hawthorne Lane - Hinsdale IL 60521 -6/23 - \$1000

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Aegis Strategic</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 2000 N 14th St, Suite 710		Amount of Each Disbursement this Period 2500.00
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Consulting	Transaction ID : SB17.5612
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alexia Beaulieu</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 17 Pleasant Street		Amount of Each Disbursement this Period 277.05
City Salem	State NH	
Zip Code 03079	Purpose of Disbursement Weekly Paycheck	Transaction ID : SB17.5708
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Alexia Beaulieu</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 17 Pleasant Street		Amount of Each Disbursement this Period 277.05
City Salem	State NH	
Zip Code 03079	Purpose of Disbursement Weekly Paycheck	Transaction ID : SB17.5709
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3054.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Alexia Beaulieu</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 17 / 2014</b>
Mailing Address 17 Pleasant Street		Amount of Each Disbursement this Period <b>277.05</b>
City Salem	State NH	
Zip Code 03079	Purpose of Disbursement Weekly Paycheck	<b>Transaction ID : SB17.5710</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alexia Beaulieu</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 24 / 2014</b>
Mailing Address 17 Pleasant Street		Amount of Each Disbursement this Period <b>277.05</b>
City Salem	State NH	
Zip Code 03079	Purpose of Disbursement Weekly Paycheck	<b>Transaction ID : SB17.5711</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thomas Boucher</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address 24 Boxer Rd		Amount of Each Disbursement this Period <b>1731.90</b>
City Bedford	State NH	
Zip Code 03110	Purpose of Disbursement In-kind -	<b>Transaction ID : SB17.5316</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2286.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 69		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Copy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1 Eagle Sq		Amount of Each Disbursement this Period 61.25
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Printing Expense	Transaction ID : SB17.5579
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kenneth Cunningham</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 1226.25
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement March Paycheck	Transaction ID : SB17.5703
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kenneth Cunningham</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 2386.50
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement Paycheck	Transaction ID : SB17.5615
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3674.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Cunningham</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014		
Mailing Address 514 Rimmon St			Amount of Each Disbursement this Period 3344.00		
City Manchester	State NH	Zip Code 03102	Transaction ID : SB17.5631		
Purpose of Disbursement Paycheck		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>B. CVS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014		
Mailing Address 1 CVS Drive			Amount of Each Disbursement this Period 49.79		
City Woonsocket	State RI	Zip Code 02895	Transaction ID : SB17.5563		
Purpose of Disbursement Office Supplies		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>C. CVS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014		
Mailing Address 1 CVS Drive			Amount of Each Disbursement this Period 7.69		
City Woonsocket	State RI	Zip Code 02895	Transaction ID : SB17.5685		
Purpose of Disbursement Office Supplies		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3401.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. CVS</b>		Date of Disbursement
Mailing Address 1 CVS Drive		M M / D D / Y Y Y Y 06 / 29 / 2014
City Woonsocket	State RI	Zip Code 02895
Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period 16.87	
Candidate Name	Transaction ID : SB17.5687	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. CVS</b>		Date of Disbursement
Mailing Address 1 CVS Drive		M M / D D / Y Y Y Y 06 / 30 / 2014
City Woonsocket	State RI	Zip Code 02895
Purpose of Disbursement Office supplies	Amount of Each Disbursement this Period 6.79	
Candidate Name	Transaction ID : SB17.5591	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Cybersource</b>		Date of Disbursement
Mailing Address 1295 CHARLESTON ROAD		M M / D D / Y Y Y Y 06 / 30 / 2014
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Processing Fees	Amount of Each Disbursement this Period 742.43	
Candidate Name	Transaction ID : SB17.5645	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	766.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 11 / 2014</b>
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period <b>321.00</b>
City Atlanta	State GA Zip Code 30320	
Purpose of Disbursement Airfare	Candidate Name	<b>Transaction ID : SB17.5502</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. District Provisions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 16 / 2014</b>
Mailing Address Address Requested		Amount of Each Disbursement this Period <b>1256.95</b>
City Washington	State DC Zip Code	
Purpose of Disbursement Fundraising Catering	Candidate Name	<b>Transaction ID : SB17.5543</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Exxon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 06 / 2014</b>
Mailing Address 5959 LAS COLINAS BLVD,		Amount of Each Disbursement this Period <b>59.67</b>
City Irving	State TX Zip Code 75039	
Purpose of Disbursement Gas	Candidate Name	<b>Transaction ID : SB17.5356</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1637.62</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 69		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Exxon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 5959 LAS COLINAS BLVD,		Amount of Each Disbursement this Period 51.63 <b>Transaction ID : SB17.5439</b>
City Irving State TX Zip Code 75039	Purpose of Disbursement Gasoline	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Exxon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 5959 LAS COLINAS BLVD,		Amount of Each Disbursement this Period 54.04 <b>Transaction ID : SB17.5440</b>
City Irving State TX Zip Code 75039	Purpose of Disbursement Gasoline	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Exxon</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 5959 LAS COLINAS BLVD,		Amount of Each Disbursement this Period 45.88 <b>Transaction ID : SB17.5592</b>
City Irving State TX Zip Code 75039	Purpose of Disbursement Gas	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	151.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Brendan Fulmer</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 4501 N Charles St		Amount of Each Disbursement this Period 839.50 <b>Transaction ID : SB17.5623</b>
City Baltimore	State MD	
Zip Code 21210	Purpose of Disbursement Paycheck	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jerry Gappens</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2014
Mailing Address 10 Breburn Court		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.5323</b>
City Bedford	State NH	
Zip Code 03110	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Lucy Gappens</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2014
Mailing Address 10 Breburn Court		Amount of Each Disbursement this Period 2320.00 <b>Transaction ID : SB17.5322</b>
City Bedford	State NH	
Zip Code 03310	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5759.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Gulf Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 707 Grant Street		Amount of Each Disbursement this Period 49.26 <b>Transaction ID : SB17.5479</b>
City Pittsburg	State PA	
Purpose of Disbursement Gas	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gulf Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 707 Grant Street		Amount of Each Disbursement this Period 49.31 <b>Transaction ID : SB17.5569</b>
City Pittsburg	State PA	
Purpose of Disbursement Gas	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hess</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1185 Avenue of the Americas 40th F		Amount of Each Disbursement this Period 54.64 <b>Transaction ID : SB17.5450</b>
City New York	State NY	
Purpose of Disbursement Gas	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	153.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Hess</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1185 Avenue of the Americas 40th F		Amount of Each Disbursement this Period 64.78
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Gas	Transaction ID : SB17.5469
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Beatrice Hughes</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 5 Anthony Circle		Amount of Each Disbursement this Period 989.00
City Nashua	State NH	
Zip Code 03062	Purpose of Disbursement In-kind -	Transaction ID : SB17.5201
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. In Copy Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 923 Elm St		Amount of Each Disbursement this Period 350.00
City Manchester	State NH	
Zip Code 03101	Purpose of Disbursement Literature Printing	Transaction ID : SB17.5540
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1403.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Jet Blue</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 27-01 Queens Plaza North			Amount of Each Disbursement this Period 245.00 <b>Transaction ID : SB17.5336</b>
City Long Island City	State NY	Zip Code 11101	
Purpose of Disbursement Plane Ticket	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Patrick Marvin</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 24 Rosemont Ave			Amount of Each Disbursement this Period 1008.20 <b>Transaction ID : SB17.5632</b>
City Portland	State ME	Zip Code 04103	
Purpose of Disbursement Paycheck	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Chris Masone</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 11 Glenwood Rd			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5310</b>
City Windham	State NH	Zip Code 03087	
Purpose of Disbursement In-kind -	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2253.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Tony Masone</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 11 Glenwood Rd		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.5313</b>
City Windham	State NH	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Medeiros</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 7036 Church St		Amount of Each Disbursement this Period 595.81 <b>Transaction ID : SB17.5624</b>
City Loudon	State NH	
Purpose of Disbursement Paycheck	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Zach Montanaro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 9 Glenwood Rd		Amount of Each Disbursement this Period 327.70 <b>Transaction ID : SB17.5626</b>
City Windham	State NH	
Purpose of Disbursement Paycheck	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3523.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 69		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 299.00 <b>Transaction ID : SB17.5385</b>
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Website	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 29.00 <b>Transaction ID : SB17.5388</b>
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Website	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 379.00 <b>Transaction ID : SB17.5367</b>
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Website	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	707.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Nation Builder</b>		Date of Disbursement
Mailing Address 448 S. Hill St. Suite 200		M M / D D / Y Y Y Y 05 / 14 / 2014
City Los Angeles	State CA	Zip Code 90013
Purpose of Disbursement Database hosting	Amount of Each Disbursement this Period 29.00	
Candidate Name	Transaction ID : SB17.5424	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Nation Builder</b>		Date of Disbursement
Mailing Address 448 S. Hill St. Suite 200		M M / D D / Y Y Y Y 06 / 09 / 2014
City Los Angeles	State CA	Zip Code 90013
Purpose of Disbursement Website Hosting	Amount of Each Disbursement this Period 291.78	
Candidate Name	Transaction ID : SB17.5497	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Nation Builder</b>		Date of Disbursement
Mailing Address 448 S. Hill St. Suite 200		M M / D D / Y Y Y Y 06 / 16 / 2014
City Los Angeles	State CA	Zip Code 90013
Purpose of Disbursement Database hosting	Amount of Each Disbursement this Period 22.33	
Candidate Name	Transaction ID : SB17.5547	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	343.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Printer's Square Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 105 Faltin Dr		Amount of Each Disbursement this Period 628.02
City Manchester	State NH	
Zip Code 03103	Purpose of Disbursement Business Cards	Transaction ID : SB17.5712
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Printer's Square Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 105 Faltin Dr		Amount of Each Disbursement this Period 628.02
City Manchester	State NH	
Zip Code 03103	Purpose of Disbursement Printing Literature	Transaction ID : SB17.5597
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Printer's Square Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 105 Faltin Dr		Amount of Each Disbursement this Period 357.30
City Manchester	State NH	
Zip Code 03103	Purpose of Disbursement Print Literature	Transaction ID : SB17.5602
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1613.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Printer's Square Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 105 Faltin Dr		Amount of Each Disbursement this Period 498.88
City Manchester	State NH	
Zip Code 03103	Purpose of Disbursement Literature Printing	Transaction ID : SB17.5494
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Printer's Square Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 105 Faltin Dr		Amount of Each Disbursement this Period 1244.49
City Manchester	State NH	
Zip Code 03103	Purpose of Disbursement Literature Printing	Transaction ID : SB17.5496
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Residential Rentals</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 7 S State St STE 7		Amount of Each Disbursement this Period 1200.00
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Office Rental	Transaction ID : SB17.5621
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2943.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. St Regis Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 1 Monarch Beach Resort		Amount of Each Disbursement this Period 918.99 <b>Transaction ID : SB17.5559</b>
City Dana Point State CA Zip Code 92629	Purpose of Disbursement Travel Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tom Szold</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 4433.30 <b>Transaction ID : SB17.5704</b>
City Manchester State NH Zip Code 03102	Purpose of Disbursement March Paycheck	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tom Szold</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 4433.30 <b>Transaction ID : SB17.5603</b>
City Manchester State NH Zip Code 03102	Purpose of Disbursement Paycheck March	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9785.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Tom Szold</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 4433.30
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement May Paycheck	Transaction ID : SB17.5605
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TD Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 300.00
City Cherry Hill	State NJ	
Zip Code 08034	Purpose of Disbursement DEP Return Chargeback	Transaction ID : SB17.5649
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Draft</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 67 S Main St		Amount of Each Disbursement this Period 338.47
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Happy Hour Event Catering	Transaction ID : SB17.5564
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5071.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Tide Water Catering</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014		
Mailing Address 250 Commercial St			Amount of Each Disbursement this Period 759.61		
City Manchester	State NH	Zip Code 03101	Transaction ID : SB17.5627		
Purpose of Disbursement Paycheck		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. united airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014		
Mailing Address PO Box 66100			Amount of Each Disbursement this Period 450.00		
City Chicago	State IL	Zip Code 60666	Transaction ID : SB17.5381		
Purpose of Disbursement Plane Ticket		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. united airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014		
Mailing Address PO Box 66100			Amount of Each Disbursement this Period 49.00		
City Chicago	State IL	Zip Code 60666	Transaction ID : SB17.5505		
Purpose of Disbursement Travel Expense		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1258.61
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. united airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 69.00
City Chicago	State IL Zip Code 60666	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.5510
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. united airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 548.00
City Chicago	State IL Zip Code 60666	
Purpose of Disbursement Airfare	Candidate Name	Transaction ID : SB17.5511
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. United States Treasury Department</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 596.70
City Cincinnati	State OH Zip Code 45280	
Purpose of Disbursement Payroll taxes and withholding	Candidate Name	Transaction ID : SB17.5718
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1213.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. United States Treasury Department</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 2597.55
City Cincinatti	State OH Zip Code 45280	
Purpose of Disbursement Withholding and Payroll Taxes		Transaction ID : SB17.5728
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury Department</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 3105.70
City Cincinatti	State OH Zip Code 45280	
Purpose of Disbursement Withholding and Payroll Taxes		Transaction ID : SB17.5729
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 442.00
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Plane Tickets		Transaction ID : SB17.5376
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6145.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 69		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 356.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Plane Tickets	<b>Transaction ID : SB17.5377</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 154.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.5470</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 360.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.5499</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	870.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Dante Vitagliano</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 839.50 <b>Transaction ID : SB17.5600</b>
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Paycheck	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dante Vitagliano</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 839.50 <b>Transaction ID : SB17.5616</b>
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Paycheck	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 702 SW 8th St		Amount of Each Disbursement this Period 68.72 <b>Transaction ID : SB17.5484</b>
City Bentonville	State AR	
Zip Code 72716	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1747.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 69			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. WholeCrowd</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 9000 19th Street NW 8th Floor		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.5721</b>
City Washington State DC Zip Code 20006	Purpose of Disbursement Online Advertising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Woodward Table</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1426 H St NW		Amount of Each Disbursement this Period 1478.00 <b>Transaction ID : SB17.5364</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Fundraising Dinner	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3478.00
<b>TOTAL</b> This Period (last page this line number only).....	63241.50