Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	
	C C00563981
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Jonny Hillaire	M M / D D / Y Y Y Y
Mailing Address 71 Michigan Ave #2	Amount
City State Zip Code	65.00
Lynn MA 01902	Transaction ID: 24-03-00216-00304 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	10 30 / 2014
Name of Federal Candidate Support Office	e Sought: X House District: 06
Seth Moulton Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee Brian Jean-Francois	Date of Public Distribution/Dissemination
Moiling Address	
Mailing Address 71 Michigan Ave #2	Amount
City State Zip Code	455.00
Lynn MA 01902	Transaction ID : 24-03-00217-00305 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	10 / 30 / Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 06
Seth Moulton Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbrace 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	520.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Darryl Tattrie [Electronically Filed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

· · · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if 24-hour report 48-hour report New rep	ort Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee Kendrick Jean-Francois		Date of Public Distribution/Dissemination
Mailing Address 71 Michigan Ave #2		Amount
City State Lynn MA	Zip Code 01902	429.00 Transaction ID: 24-03-00219-00307 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 30 / 2014
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	15183.50 Disbu	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Christine Jean-Gilles Mailing Address 433 Western Ave		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Amount
City State	Zip Code	104.00
Lynn MA	01902	Transaction ID: 24-03-00220-00308 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 30 / 2014
Name of Federal Candidate	X Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	15287.50 Disb 2014	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	533.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date 1	0 31 2014
Signature		

PAGE

OF

Schedule E)	VI EXI EIVE	TI OTILO	_	PAGE 3 OF 20 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Forward Massachusetts			C co	00563981
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jake Keo				Distribution/Dissemination
Mailing Address 98 Hanover St			M M /	D D / Y Y Y Y
Hamily Address 98 Hanover St			Amount	
City	State	Zip Code		221.00
Lynn	MA	01902		: 24-03-00221-00309 ement or Obligation
Purpose of Expenditure Payroll		Category/ Type	10	30 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	7	15508.50	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Augustina Matos			M = M /	D D / Y Y Y Y
Mailing Address 27 Phillips Ave Apt 2			Amount	
City Lynn	State MA	Zip Code 01902		253.50 24-03-00222-00310
Purpose of Expenditure				ement or Obligation
Payroll		Category/ Type	10	30 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	7	15762.00	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res)	474.50
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	45
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Darryl Tattrie	[Electro	nically Filed] Date	10 31	2014
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	C C00563981
Check if X 24-hour report 48-hour report New report Amends report filed	on
Full Name of Payee Benita Meli	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address 18 Bond St	Amount
City State Zip Code	442.00
Lynn MA 01902	Transaction ID: 24-03-00223-00311
Purpose of Expenditure Payroll Category/ Type	Date of Disbursement or Obligation 10 30 2014
Name of Federal Candidate Support Office	e Sought: X House District: 06
Seth Moulton Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee Seth Menard	Date of Public Distribution/Dissemination
Mailing Address	M = M / D = D / Y = Y = Y
Mailing Address 55 Webster St	Amount
City State Zip Code	169.00
Lynn MA 01902	Transaction ID: 24-03-00224-00312 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	10 30 Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 06
Seth Moulton Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	611.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Buto	0 31 Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	IVI EXI EIVI	STIGHT		PAGE 5 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Forward Massachusetts			C	C00563981
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee Michelle Mendez			Date of Public	Distribution/Dissemination
Mailing Address 27 Phillips Ave Apt 2			Amount	
City	State	Zip Code		474.50
Lynn	MA	01902		D: 24-03-00225-00313 rsement or Obligation
Purpose of Expenditure Payroll		Category/ Type	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	7	16847.50	Disbursement For: 2014 Other (specific	Primary X General ecify) ▶
Full Name of Payee Aysha Mendez			Date of Public	Distribution/Dissemination
Mailing Address 3 Nichols St			Amount	
City	State	Zip Code		351.00
Lynn	MA	01902		0: 24-03-00226-00314 ursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	10	30 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	, , ,	17198.50	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			825.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
			7	4
(c) TOTAL Independent Expenditures			>	47
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize			
Darryl Tattrie Signature	[Electro	onically Filed] Date	10 31	2014
olynature				

Schedule E)	I EXI END	TIONES		PAGE 6 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts				C C00563981
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y D Y D
Full Name of Payee Maryi Mendez				Public Distribution/Dissemination
Mailing Address 3 Nichols St			Amount	
City	State	Zip Code		390.00
Lynn	MA	01902		ction ID : 24-03-00227-00315 Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 06
Seth Moulton		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	17588.50	Disbursement 2014 Oth	For:
Full Name of Payee Darleen Noyola				Public Distribution/Dissemination
Mailing Address 33 Hawthorne St			Amoun	
City	State	Zip Code	-	195.00
Lynn	MA	01902		tion ID: 24-03-00228-00316 Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		0 30 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 06
Seth Moulton		Oppose	Presider	nt Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	, , ,	17783.50	Disbursement 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	585.00
(b) SUBTOTAL of Unitemized Independent Expendit	tures			7 7 7
				4 1 4 1 4 1
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorize			
Darryl Tattrie	[Electroi	nically Filed] Date	10	31 2014
Signature				

Schedule E)	T EXI END	HONES		PAGE 7 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts				C C00563981
Check if 24-hour report 48-hour report	New rep	port Amends repo		M
Full Name of Payee Jelame Pablo Garcia				of Public Distribution/Dissemination
Mailing Address 3 Circuit Ave			Amou	unt
City	State	Zip Code		520.00
Lynn	MA	01902		saction ID: 24-03-00229-00317 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		10 30 / 2014
Name of Federal Candidate		Support	Office Sough	nt: X House District:06
Seth Moulton		Oppose	Presid	NAA
Calendar Year-To-Date Per Election for Office Sought	7 7	18303.50	Disbursemer 2014	nt For:
Full Name of Payee Yina Payano	-			of Public Distribution/Dissemination
Mailing Address 2 Adams St			Amou	unt
City	State	Zip Code		52.00
City Lynn	MA	01902		action ID: 24-03-00230-00318 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		10 30 / Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sough	nt: X House District: 06
Seth Moulton		Oppose	Presid	lent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	7	18355.50	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			572.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		,	
(c) TOTAL Independent Expenditures			· L.	4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Darryl Tattrie	[Electron	nically Filed] Date	10	31 2014
Signature				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if 24-hour report 48-hour report New rep	port Amends report filed	on M=M / D=D / Y=Y=Y
Full Name of Payee Angelyz Benzan		Date of Public Distribution/Dissemination
Mailing Address 10 Timson St # 2		Amount
City State Lynn MA	Zip Code 01902	143.00 Transaction ID: 24-03-00231-00319 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Emely Benzan Mailing Address 10 Timson St # 2		Date of Public Distribution/Dissemination
City State	Zip Code	416.00
Lynn MA	01902	Transaction ID: 24-03-00232-00320 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 30 / 2014
Name of Federal Candidate	X Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	18914.50 Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	>	559.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	nically Filed] Date	0 31 2014
Signature		

PAGE

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	C C00563981
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date Ashley Carcano	te of Public Distribution/Dissemination
·	M M / D D / Y Y Y Y
Mailing Address 11 Empire St # 1	ount
City State Zip Code	130.00
Lynn MA 01902 Tra	insaction ID: 24-03-00233-00321 te of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ıght: X House District: 06
Soth Moulton	sident Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
1 St Election for Since Sought	Other (specify) ▶
Full Name of Payee Kimberly Cruz	te of Public Distribution/Dissemination
Mailing Address 138 franklyn St Apt 6	nount
City State Zip Code	247.00
Lynn MA 01902 Tran	nsaction ID: 24-03-00234-00322 te of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	10 30 2014
Name of Federal Candidate Support Office Sou	ught: X House District: 06
Seth Moulton Oppose Pres	sident Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	377.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Darryl Tattrie [Electronically Filed] Date 10	/ B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

Schedule E)			110.120			PAGE 10 OF 20 FOR SE OF FORM 24/48
	MMITTEE (In Full)					ENTIFICATION NUMBER ▼
Forward M	lassachusetts					C00563981
Check if X 24	4-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M /	D D / Y I Y I Y I Y
Full Name of Dahiana	of Payee a Dela Rosa			Dat	te of Public	Distribution/Dissemination
Mailing Add	ress 19 Union Street Apt 116			Am	ount	
City		State	Zip Code			104.00
Lynn		MA	01902			D: 24-03-00235-00323 rsement or Obligation
Purpose of Payroll	Expenditure		Category/ Type		10	30 / 2014
Name of Fe	ederal Candidate		Support	Office Sou	ıght:	House District: 06
Seth Moulto	on		Oppose		sident	Senate State: MA
	lar Year-To-Date ection for Office Sought	7 7	19395.50	Disbursem 2014	nent For: Other (spe	Primary
Full Name				Da	te of Public	Distribution/Dissemination
Maria E	spana				M - M /	D D / Y Y Y Y
Mailing Add	Iress 83 Mall St # 3					
				Am	nount	
City		State	Zip Code			390.00
Lynn		MA	01902	Trar Da	nsaction ID te of Disbu	: 24-03-00236-00324 rsement or Obligation
Purpose of Payroll	Expenditure		Category/ Type		10	30 / 2014
Name of Fe	ederal Candidate		X Support	Office Sou	ught: >	House District: 06
Seth Moulto	nc		Oppose	Pres	sident	Senate State: MA
	dar Year-To-Date ection for Office Sought	-	19785.50	Disbursem 2014	nent For: Other (spe	Primary
(a) SUBTOT	AL of Itemized Independent Expenditu	ıres		·· •		494.00
(b) SUBTOT	AL of Unitemized Independent Expendent	ditures		·· •		
(c) TOTAL I	ndependent Expenditures			·· •		
with, or at th	y of perjury I certify that the indepen- e request or suggestion of, any candi- tee) any political party committee or it	date or authorized				
	Darryl Tattrie	[Electroi	nically Filed] Date	e 10	/ 31	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_			

				FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Forw	ard Massachusetts			C C00563981
Check if	24-hour report 48-hour report New rep	ort Amends repo		M / D D / Y B Y B Y
	Name of Payee iiza Espinal			of Public Distribution/Dissemination
Maili	ing Address 14 trinity ave		Amou	nt
City	State	Zip Code		487.50
Lyn		01902		action ID : 24-03-00237-00325 of Disbursement or Obligation
Purp Pay	pose of Expenditure proll	Category/ Type	М	10 / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	ne of Federal Candidate	X Support	Office Sough	t: X House District: 06
Seth	h Moulton	Oppose	Preside	ent Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	20273.00	Disbursemen 2014 O	t For: Primary ⊠ General
Full Ch	Name of Payee narlene Fernandez			of Public Distribution/Dissemination
Mail	ling Address 2 Adams Street		Amou	nt
City	State	Zip Code		162.50
Lyn	nn MA	01902		ction ID: 24-03-00238-00326 of Disbursement or Obligation
	pose of Expenditure groll	Category/ Type	N	10 30 / 2014
Nam	ne of Federal Candidate	X Support	Office Sough	t: X House District: 06
Setl	h Moulton	Oppose	Preside	ent Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	20435.50	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditures		· [650.00
(b) S	SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7
(c) T	OTAL Independent Expenditures		•	7
with,	r penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
		ically Filed] Date	10 /	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Si	gnature			

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Scl	hedule E)	10.120		PAGE 12 OF 20 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Fc	orward Massachusetts			C C00563981
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee Angel Gonzalez			of Public Distribution/Dissemination
-	Mailing Address 71 Michigan ave # 1		Amou	
-	City State	Zip Code		377.00
	City State Lynn MA	01902		saction ID : 24-03-00239-00327 of Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type		10 30 2014
ľ	Name of Federal Candidate	Support	Office Sough	nt: X House District: 06
	Seth Moulton	Oppose	Preside	ent Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	20812.50	Disbursemen 2014 C	nt For: Primary X General Other (specify) ▶
	Full Name of Payee Maciel Gonzalez Mailing Address 47 Collins St Apt 3			of Public Distribution/Dissemination
-	City State	Zip Code		455.00
	Lynn MA	01902	Transa Date	action ID : 24-03-00240-00328 of Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type		10 30 / 2014
	Name of Federal Candidate	Support	Office Sough	ht: X House District: 06
	Seth Moulton	Oppose	Presid	lent Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	21267.50	Disbursemer 2014	nt For:
((a) SUBTOTAL of Itemized Independent Expenditures		>	832.00
((b) SUBTOTAL of Unitemized Independent Expenditures		·· •	
((c) TOTAL Independent Expenditures		· ·	7
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		nically Filed] Date	e 10	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if X 24-hour report 48-hour report New re	eport Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee Michelle Garcia		Date of Public Distribution/Dissemination
Mailing Address 14 Dearborn Ave # 1		Amount
City State	Zip Code	143.00
Lynn MA	01902	Transaction ID: 24-03-00241-00329 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 30 / 2014
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	21410.50 Disbu 2014	ursement For: Primary
Full Name of Payee Darlin Gonzalez Mailing Address 14 Oakwood PI		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Amount
City State	Zip Code	208.00
Lynn MA	01902	Transaction ID : 24-03-00242-00330 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	21618.50 Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	>	351.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date 1	0 31 2014
Signature		

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Schedule E)	-7(1 - 1(1 - 1)	01120			AGE 14 OF 20 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Forward Massachusetts					0563981
Check if 24-hour report 48-hour report	✓ New report	Amends repo	ort filed on	M = M /	D = D / Y = Y = Y
		,			
Full Name of Payee Malvelis Hernandez			Dat	e of Public D	Distribution/Dissemination
Mailing Address 24 Cedar St # 2			Am	ount	
City Sta	ate Z	ip Code			117.00
	ЛA 0	1902			: 24-03-00243-00331 ement or Obligation
Purpose of Expenditure Payroll		Category/ Type		10 /	30 / 2014
Name of Federal Candidate		X Support	Office Sou	ght: X	House District:06
Seth Moulton		Oppose			Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	21	1735.50	Disbursem 2014	ent For: Other (spec	Primary
Full Name of Payee Jackelin Pena			Dat	e of Public D	Distribution/Dissemination
Mailing Address 71 Michigan Ave #2			Am	ount	
City	tate Z	ip Code			188.50
	MA (01902			24-03-00244-00332 ement or Obligation
Purpose of Expenditure Payroll		Category/ Type		10 /	30 / 2014
Name of Federal Candidate		X Support	Office Sou	ight:	House District: 06
Seth Moulton		Oppose	Pres	sident	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	7	21924.00	Disbursem 2014	ent For: Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures			•		305.50
(b) SUBTOTAL of Unitemized Independent Expenditures	;				
				7	4
(c) TOTAL Independent Expenditures			▶	-7-	7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	r authorized c				
Darryl Tattrie	[Electronica	ully Filed] Date	e 10	31	2014
Signature					

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	C C00563981
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Emily Perez	M M / D D / Y Y Y Y
Mailing Address 9 Henry Ave #2	ount
City State Zip Code	338.00
Lynn MA 01902 Trai	nsaction ID: 24-03-00245-00333 e of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	10 30 / 2014
Name of Federal Candidate Support Office Sou	ght: X House District:06
Soth Moulton	ident Senate State: MA
Calendar Year-To-Date Disburseme 22262.00 2014	ent For: Primary X General
Per Election for Office Sought 22262.00 2014	Other (specify)
Full Name of Payee Date Susann Perez	e of Public Distribution/Dissemination
Mailing Address 9 Henry Ave #2	ount
City State Zip Code	91.00
Lynn MA 01902 Tran	saction ID : 24-03-00246-00334
Purpose of Expenditure Payroll Category/ Type	e of Disbursement or Obligation
Name of Federal Candidate Support Office Sou	ght: X House District: 06
Coth Maulton	ident Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	429.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Darryl Tattrie [Electronically Filed] Date 10	31 2014
Signature	

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OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if 24-hour report 48-hour report New report	ort Amends report filed	on Man / Dad / Yayayay
Full Name of Payee Amaury Perez		Date of Public Distribution/Dissemination
Mailing Address 63 Collins St # 3		Amount
	7: 0 1	105.00
City State Lynn MA	Zip Code 01902	195.00 Transaction ID: 24-03-00247-00335 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 30 / 2014
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	22548.00 Disbu 2014	or o
Full Name of Payee Myrmarie Ramirez Mailing Address 15 Veteran's Memorial Dr		Date of Public Distribution/Dissemination
City State	Zip Code	104.00
Peabody MA	01960	Transaction ID : 24-03-00248-00336 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 30 / 2014
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	22652.00 Disbu 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	299.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date 1	0 31 2014
Signature		

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OF

Schedule E)	TI EXI EILE	ATOTILO		PAGE 17 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Forward Massachusetts			С	C00563981
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Greicy Reyes			M = M	/ D D / Y Y Y Y
Mailing Address 21 Blossom St			Amount	
City	State	Zip Code		169.00
Lynn	MA	01902		n ID : 24-03-00249-00337
Purpose of Expenditure Payroll		Category/ Type	Date of Dis	bursement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District:06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		22821.00	Disbursement For: 2014 Other (Primary
Full Name of Payee				blic Distribution/Dissemination
Loida Rosario			M = M	/ D D / Y Y Y Y
Mailing Address 10 Pleasant St # 309			Amount	
City	State	Zip Code		182.00
Lynn	MA	01902		ID: 24-03-00250-00338 sbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	10 ^M	/ 30 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	23003.00	Disbursement For 2014 Other	: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	'es			351.00
,			,	7- 1-2-
(b) SUBTOTAL of Unitemized Independent Expend	itures		• •	
(c) TOTAL Independent Expenditures			>	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Darryl Tattrie Signature	[Electro	nically Filed] Date	10 / 31	
Signaturo				

bolleddie Lj	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	C C00563981
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Belkis Rosario	M = M / D = D / Y = Y = Y
Mailing Address 71 Michigan Ave #2	Amount
City State	Zip Code 130.00
Lynn MA	01902 Transaction ID : 24-03-00251-00339 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type Type Type Type Type
Name of Federal Candidate	Support Office Sought: House District: 06
Seth Moulton	Oppose President Senate State: MA
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought	23133.00 2014 ☐ Other (specify) ▶
Full Name of Payee Crisbeth Sanchez	Date of Public Distribution/Dissemination
	M - M / D - D / Y - Y - Y
Mailing Address 71 Michigan Ave #2	Amount
City State	Zip Code 188.50
Lynn MA	01902 Transaction ID : 24-03-00252-00340 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type 10 10 30 / 2014
Name of Federal Candidate	Support Office Sought: House District: 06
Seth Moulton	Oppose President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
Darryl Tattrie	(Flortropically Filed)
Signature	[Electronically Filed] Date 10 31 2014

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OF

Schedule E)	HOHLO	PAGE 19 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if X 24-hour report 48-hour report New rep	oort Amends repor	t filed on
Full Name of Payee Edwin Soto		Date of Public Distribution/Dissemination
Mailing Address 25 South St Apt 309		Amount
City State	Zip Code	65.00
Lynn MA	01902	Transaction ID: 24-03-00253-00341 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	23386.50	Disbursement For:
Full Name of Payee Erick Ubri		Date of Public Distribution/Dissemination
Mailing Address 47 Burril Ave #1		Amount
City State	Zip Code	52.00
Lynn MA	01902	Transaction ID: 24-03-00254-00342 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 / 30 / 2014
Name of Federal Candidate	X Support	Office Sought: House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	23438.50	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		117.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	nically Filed] Date	10 31 2014
Signature		

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts		C C00563981
Check if 24-hour report 48-hour report	New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Rosa Valera		M M / D D / Y Y Y Y
Mailing Address 67 Tracy Ave		Amount
City	State Zip Code	104.00
Lynn	MA 01902	Transaction ID: 24-03-00255-00343 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 30 / Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date		rsement For: Primary X General
Per Election for Office Sought	23542.50 2014	Other (specify) ▶
Full Name of Payee Jose Valera		Date of Public Distribution/Dissemination
Mailing Address 67 Tracy Ave		Amount
City	State Zip Code	156.00
	MA 01902	Transaction ID : 24-03-00256-00344 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	10 / 30 / 2014
Name of Federal Candidate	Support Office	Sought: X House District: 06
Seth Moulton	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	23698.50 Disbu 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	>	260.00
(b) SUBTOTAL of Unitemized Independent Expenditure	ss	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	9464.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either	
Darryl Tattrie	[Electronically Filed] Date 1	0 31 2014
Signature		

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