

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 20  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jonny Hillaire</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 71 Michigan Ave #2		Amount 65.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00216-00304
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brian Jean-Francois</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 71 Michigan Ave #2		Amount 455.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00217-00305
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(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 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

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 20  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kendrick Jean-Francois</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>		
Mailing Address    71 Michigan Ave #2			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           429.00         </div>		
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : 24-03-00219-00307</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>		
Purpose of Expenditure Payroll		Category/ Type	Name of Federal Candidate Seth Moulton		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Christine Jean-Gilles</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>		
Mailing Address    433 Western Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           104.00         </div>		
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : 24-03-00220-00308</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>		
Purpose of Expenditure Payroll		Category/ Type	Name of Federal Candidate Seth Moulton		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">533.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 3 OF 20  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jake Keo</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 98 Hanover St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           221.00         </div>	
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : 24-03-00221-00309</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           15508.50         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Augustina Matos</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 27 Phillips Ave Apt 2		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           253.50         </div>	
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : 24-03-00222-00310</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           15762.00         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         474.50       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         474.50       </div>

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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 4 OF 20  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Benita Meli</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>		
Mailing Address <b>18 Bond St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           442.00         </div>		
City <b>Lynn</b>	State <b>MA</b>	Zip Code <b>01902</b>	<b>Transaction ID : 24-03-00223-00311</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>		
Purpose of Expenditure Payroll		Category/ Type	Name of Federal Candidate <b>Seth Moulton</b>		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           16204.00         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Seth Menard</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>		
Mailing Address <b>55 Webster St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           169.00         </div>		
City <b>Lynn</b>	State <b>MA</b>	Zip Code <b>01902</b>	<b>Transaction ID : 24-03-00224-00312</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>		
Purpose of Expenditure Payroll		Category/ Type	Name of Federal Candidate <b>Seth Moulton</b>		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           16373.00         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           611.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           611.00         </div>

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*
*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 5 OF 20  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michelle Mendez</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 27 Phillips Ave Apt 2		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           474.50         </div>	
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : 24-03-00225-00313</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           16847.50         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Aysha Mendez</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 3 Nichols St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           351.00         </div>	
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : 24-03-00226-00314</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>
Purpose of Expenditure Payroll		Category/ Type	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           17198.50         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           825.50         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           825.50         </div>

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*
*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 6 OF 20  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00563981         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Maryi Mendez</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y         </div>		
Mailing Address 3 Nichols St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">           390.00         </div>		
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : 24-03-00227-00315</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>		
Purpose of Expenditure Payroll		Category/ Type	Name of Federal Candidate Seth Moulton		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Darleen Noyola</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y         </div>		
Mailing Address 33 Hawthorne St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">           195.00         </div>		
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : 24-03-00228-00316</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>		
Purpose of Expenditure Payroll		Category/ Type	Name of Federal Candidate Seth Moulton		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">585.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 7 OF 20

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jelame Pablo Garcia</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 3 Circuit Ave			Amount 520.00		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00229-00317		
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought		18303.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Yina Payano</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 2 Adams St			Amount 52.00		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00230-00318		
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought		18355.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	572.00
(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 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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 8 OF 20
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Angelyz Benzan</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 10 Timson St # 2		Amount 143.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00231-00319
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Emely Benzan</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 10 Timson St # 2		Amount 416.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00232-00320
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 9 OF 20  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563981       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ashley Carcano</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>		
Mailing Address 11 Empire St # 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           130.00         </div>		
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : 24-03-00233-00321</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>		
Purpose of Expenditure Payroll		Category/ Type	Name of Federal Candidate Seth Moulton		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Kimberly Cruz</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y         </div>		
Mailing Address 138 franklyn St Apt 6			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           247.00         </div>		
City Lynn	State MA	Zip Code 01902	<b>Transaction ID : 24-03-00234-00322</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            10 / 30 / 2014         </div>		
Purpose of Expenditure Payroll		Category/ Type	Name of Federal Candidate Seth Moulton		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           377.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           377.00         </div>

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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	10	OF	20
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Dahiana Dela Rosa</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 19 Union Street Apt 116		Amount 104.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00235-00323
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Maria Espana</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 83 Mall St # 3		Amount 390.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00236-00324
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	494.00
(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 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

[Electronically Filed]

Date

M M	D D	Y Y Y Y Y Y
10	31	2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 20  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Laiza Espinal</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 14 trinity ave			Amount 487.50		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00237-00325		
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought		20273.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Charlene Fernandez</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 2 Adams Street			Amount 162.50		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00238-00326		
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought		20435.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	650.00
(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 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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 12 OF 20  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Angel Gonzalez</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 71 Michigan ave # 1		Amount 377.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00239-00327
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Maciel Gonzalez</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 47 Collins St Apt 3		Amount 455.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00240-00328
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	832.00
(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 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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 20  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michelle Garcia</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 14 Dearborn Ave # 1		Amount 143.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00241-00329
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Darlin Gonzalez</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 14 Oakwood Pl		Amount 208.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00242-00330
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	14	OF	20
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Malvelis Hernandez</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 24 Cedar St # 2		Amount 117.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00243-00331
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jackelin Pena</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 71 Michigan Ave #2		Amount 188.50	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00244-00332
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	305.50
(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 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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	15	OF	20
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Emily Perez</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address <b>9 Henry Ave #2</b>		Amount 338.00	
City <b>Lynn</b>	State <b>MA</b>	Zip Code <b>01902</b>	Transaction ID : <b>24-03-00245-00333</b>
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate <b>Seth Moulton</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>06</b> <input type="checkbox"/> President State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought 22262.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Susann Perez</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address <b>9 Henry Ave #2</b>		Amount 91.00	
City <b>Lynn</b>	State <b>MA</b>	Zip Code <b>01902</b>	Transaction ID : <b>24-03-00246-00334</b>
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate <b>Seth Moulton</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>06</b> <input type="checkbox"/> President State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought 22353.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	429.00
(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 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

[Electronically Filed]

Date

M M	D D	Y Y Y Y Y Y
10	31	2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 16 OF 20  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Amaury Perez</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 63 Collins St # 3		Amount 195.00
City Lynn	State MA	Zip Code 01902
Purpose of Expenditure Payroll	Category/ Type	Transaction ID : 24-03-00247-00335 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Myrmarie Ramirez</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 15 Veteran's Memorial Dr		Amount 104.00
City Peabody	State MA	Zip Code 01960
Purpose of Expenditure Payroll	Category/ Type	Transaction ID : 24-03-00248-00336 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(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 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

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 17 OF 20

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Greicy Reyes</b>			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 21 Blossom St			Amount 169.00		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00249-00337		
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought		22821.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Loida Rosario</b>			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 10 Pleasant St # 309			Amount 182.00		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00250-00338		
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought		23003.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 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

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 18	OF 20
FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Belkis Rosario</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 71 Michigan Ave #2		Amount 130.00	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00251-00339
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Crisbeth Sanchez</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 71 Michigan Ave #2		Amount 188.50	
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00252-00340
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	318.50
(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 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

[Electronically Filed]

Date

M M	D D	Y Y Y Y Y Y
10	31	2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 19 OF 20  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Edwin Soto</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 25 South St Apt 309			Amount 65.00		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00253-00341		
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought		23386.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Erick Ubri</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 47 Burril Ave #1			Amount 52.00		
City Lynn	State MA	Zip Code 01902	Transaction ID : 24-03-00254-00342		
Purpose of Expenditure Payroll		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Name of Federal Candidate Seth Moulton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MA		
Calendar Year-To-Date Per Election for Office Sought		23438.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(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 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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	20	OF	20
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Forward Massachusetts</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563981	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rosa Valera</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>67 Tracy Ave</b>		Amount 104.00	
City <b>Lynn</b>	State <b>MA</b>	Zip Code <b>01902</b>	Transaction ID : <b>24-03-00255-00343</b>
Purpose of Expenditure Payroll		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 30 / 2014</b>
Name of Federal Candidate <b>Seth Moulton</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MA</b>
Calendar Year-To-Date Per Election for Office Sought 23542.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jose Valera</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>67 Tracy Ave</b>		Amount 156.00	
City <b>Lynn</b>	State <b>MA</b>	Zip Code <b>01902</b>	Transaction ID : <b>24-03-00256-00344</b>
Purpose of Expenditure Payroll		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 30 / 2014</b>
Name of Federal Candidate <b>Seth Moulton</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MA</b>
Calendar Year-To-Date Per Election for Office Sought 23698.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	260.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	9464.00

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

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 31 / 2014**

Signature